DOCUMENT RESUME

ED 108 441 EC 073 166

TITLE	Assessment of the Handicapped Effort in Experimental Regular Head Start and Selected Other Exemplary Pre-School Programs Serving the Handicapped. Volume II, Appendices. Final Report.
INSTITUTION	Syracuse Univ., N.Y. Div. of Special Education and Rehabilitation.
SPONS AGENCY	Office of Child Development (DHEW), Washington, D.C.
PUB DATE	Oct 74
NOTE	261p.; For related documents see EC 073165-169
EDRS PRICE	MF-$0.76 HC-$13.32 PLUS POSTAGE
DESCRIPTORS	*Case Studies; Consultants; *Early Childhood Education; Exceptional Child Research; Federal Legislation; *Handicapped Children; *Interviews; Preschool Education; Program Evaluation; *Questionnaires; Records (Forms); Regular Class Placement
IDENTIFIERS	*Project Head Start

ABSTRACT

Presented are appendices from the final report of an evaluation of the response of Head Start programs to a 1972 Federal mandate requiring at least 10 percent enrollment of handicapped children. Summarized are case studies of 20 handicapped children participating in Head Start. Listed are the 52 regular Head Start programs and 14 experimental projects visited in the study (including the grantee, location, region, and enrollment) and the 10 non-Head Start exemplary programs visited (including the program title, location, and director). Minutes are provided from meetings of the project's senior consultants. The final two sections consist of an interview guide and a questionnaire used to collect data from site visits to the programs studied. (LS)

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FINAL REPORT

ON

ASSESSMENT OF THE HANDICAPPED EFFORT IN EXPERIMENTAL REGULAR HEAD START AND SELECTED OTHER EXEMPLARY PRE-SCHOOL PROGRAMS SERVING THE HANDICAPPED

VOLUME II

APPENDICES

Prepared and Submitted by:

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Submitted to:

The Office of Child Development

U.S. Department of H.E.W.

October 1974

EC073166

APPENDIX A

CASE SUMMARIES OF HANDICAPPED CHILDREN OBSERVED IN THE FIRST AND SECOND ROUNDS OF VISITS

Case Summaries of Children in the Field Study

This section is intended to provide an illustration that the rest of our report has said in words. Each child met, both handicapped and typical, was a unique person, as we all do. We would be quick to recognize that any story told about one of us in three pages would be only a glimpse of our faces. Generalizations have been made in preceding sections of this report. Here we hope to help the reader to become acquainted with a few of the children as individuals.

During the Task III site visits, 62 case studies were completed in the first round and 74 in the second. Of these 124, the number done on severely and moderately impaired youngsters was disproportionately large in relation to the number of such children actually being served. In part, this tendency was a function of the sampling procedures, especially in the second round. Relatively more severely impaired children were selected partly because of some of the special interests and biases of the field staff. These children were perhaps also more interesting to the observers since the first round was also operated under an assumption that if a program served only

effective for its most severely handicapped children, then it was probably beneficial to less disabled youngsters as well.

The 20 case studies summarized here were chosen for a variety of reasons. The availability of opportunities to observe a specific child and to talk to teachers, parents, and staffs of outside agencies serving the particular children varied a great deal among different programs visited. For this reason, attempts were made to select case studies which were relatively complete in the scope of views presented. In addition, an effort was made to choose children who exemplified a variety of handicapping conditions and levels of severity.

These studies are presented to show the short-term effects that the Head Start handicapped effort have had on some children and their families. One cannot expect to project long-term outcomes on the basis of these data.

There are a few generalizations that can be made on the basis of this information, however, concerning the short-term effects. For example, for those severely impaired children enrolled, the mandate appears to have greatly opened up their opportunities to attend Head Start. Of the parents of handicapped children we interviewed in the first round,

none reported having been denied admission to programs; for them, the Head Start efforts have offered an invitation to participate and they had nothing but praise for the services Head Start has provided. The new legislation seems to have had a less dramatic effect on the lives of moderately and mildly impaired children.

Essentially, the Head Start experience, even where no special services were provided, seems to have been beneficial for all concerned, with perhaps one important exception. This potentially negative effect described earlier has to do with the labeling of certain children with special needs as "handicapped" even though these children and children like them have always been in Head Start. The ultimate effect of such circumstances for these children and their future is an important issue.

It is hoped that the case summaries on the following pages will serve to illustrate, better than a list of generalizations can, some of the effects that the Head Start programs we visited seem to be having on the lives of children.

Tommy

Tommy, one of eight children all under nine years, was four years in age. His mother did not work and, thus, was eligible for welfare. Tommy's father, reportedly no longer with the family, made a living by logging. According to the Parent Involvement Coordinator, the family was living in a two-room house under very poor conditions--with wooden windows, no roof, only two electric lights, and no bathroom facilities--although she thought that the family had since moved.

According to Tommy's mother, none of the other children in the family had suffered from handicapping conditions. Tommy, on the other hand, had rather serious health and developmental problems ever since birth. At the time of pregnancy, Tommy's mother experienced bleeding but was not especially concerned. The infant was born later, however, two months pre-mature after a labor of 42 hours. Weighing only two and one-half pounds, he remained in the hospital until three months. At five months of age, the baby--seriously ill--was returned to the hospital. The doctors diagnosed meningitis. His mother said that Tommy had always been slow in walking, talking, and playing with

other children; and she had always felt that he was not developing like her other children.

Tommy came to Head Start in September through regular enrollment procedures. According to his teacher, when he first entered the program he was extremely dependent. He did not know how to eat and could not take care of his bathroom needs. His verbal communication was extremely limited, and he used to fall a great deal. His mother remarked that she also had difficulty relating to Tommy. He never talked at home.

During his first two months in Head Start, there was a considerable change in the child's behavior. According to both his mother and teachers, he had become more verbal, and appeared to be physically stronger, and seemed to be more willing to try things on his own. Classroom observations seemed to confirm some of these latest developments. Although the child was slow to respond in certain situations, he participated with the other children and showed no hesitancy in communicating his needs. In light of his noted delay, he was able to express himself quite well and able to use language in a meaningful and intelligible way. At the time of the field visit, he was putting four and five words together

into sentences. During the observed group activity, he seemed to comprehend all of the teacher aide directions and had no difficulty in following the sequence of events.

His behavior during the playground activities observed tended to be more erratic, and he experienced a good deal more difficulty in keeping up with the other children. He continued to try different tasks but usually required more individual attention and encouragement than the other children. In view of his physical problems, this observation was not surprising. Tommy had a great deal of trouble maintaining his balance during a tire and barrel rolling event. Rope climbing was also an almost impossible task for him--although he followed through in attempts to participate with the other children. Likewise, he tended to falter on the slide. During the times that he was unable to keep up, the other children simply drew back and continued their own play, with no comment. The teacher and aides were quick to praise Tommy whenever he did accomplish a task.

With the intention of determining potential program benefits, we, thus, saw several positive experiences that Tommy shared with his classroom peers. The few difficulties that the teachers initially experienced with his excessive

lethargy, withdrawal, and limited verbal communication seemed to be largely outweighed by the gains that he was making.

As for all of the children, the teachers had developed an individualized program for Tommy. The goals and objectives of those classroom activities covered receptive and expressive language, motor skills, self-help skills, and cognitive and social skills. The teachers had some difficulty with developing a language program for Tommy. Otherwise, however, no particular problems were noted.

Special services which the Head Start staff had been able to arrange for Tommy constituted one of the most important aspects of service delivery to this child and his family. Tommy had an extensive medical evaluation, including x-rays, blood work-up, and urinalysis at a near-by medical center. In September, he was also seen by a pediatrician who had provided services for other Head Start children. At the time of our visit in the fall, the child was under the ongoing care of a physician. Later in the fall, he was scheduled for a neurological examination through a Crippled Children's Clinic.

Despite these rather extensive evaluations, Tommy's health and developmental problems remained yet undetermined.

Tentative diagnoses included arthritis, and possibilities of muscular dystrophy with accompanying mental retardation. However, there had been no confirmations of either of these early indications.

In our discussion about Tommy's problems and Head Start services with his mother, it was quite obvious that she had suffered for quite some time with very little assistance from anyone. Prior to Tommy's enrollment, she sought no special services for the youngster or herself, in large part, probably because she did not know how to obtain help. She was living from day to day, with no immediate projections into the future for the child. More than occasionally, she had faced the possibility that Tommy might not live.

Staff expected that the youngster would remain in Head Start a second year in order to provide continued support for the mother and the child.

Jennie

Jennie, an only child, was five years of age. She was born in June of 1968 with a unilateral cleft palate and hair lip, which were surgically repaired when she was three months. These services were arranged through Crippled Children. Jennie lived with both parents in a small trailer on the outskirts of town. Her mother worked in a local restaurant in town; reportedly, her stepfather made a living by fish-baiting. According to the Parent Involvement Coordinator, the parents had a second baby two years ago. The infant was severely impaired and died at about 16 months of age.

Although there were no available reports to document such comments, the Parent Involvement Coordinator indicated that the family had some fairly serious interpersonal problems. The father's relationship with Jennie, until just prior to the time of our visit recently, had been quite strained. The Division of Family Services had attempted to work with the family after Jennie's enrollment in Head Start last year. However, they had considerable difficulty with parental reluctance to keep appointments. It was reported, again by the Parent Involvement Coordinator,

that the entire family was extremely upset by the death of the new baby. Jennie did not seem to understand what had happened and often talked about the baby in school.

Staff reported that more recently family relationships had improved. The father seemed to be more affectionate toward the child. Members of the staff all remarked that Jennie's appearance this year was markedly different from the time when she first entered the program. They seemed to feel that this substantial change, in part, was related to the mother's recent employment.

In addition to her moderate articulation problems, Jennie had been prone to chronic ear infections. A mild hearing impairment had been suspected but not confirmed. In addition, the child reportedly was somewhat distractable with other children.

In March and June of last year, Jennie received fairly extensive psychological evaluations at a state university and a Mental Health guidance center. As a result of her pronounced speech and language difficulties, these agencies recommended that the child attend Head Start a second year.

During her first year in Head Start, Jennie received speech therapy through the county public schools and later

in a summer residential program at the state university. Both of these services were arranged by Head Start. When the child was initially seen by the county school's speech therapist, she reportedly had a moderate articulation problem characterized by substitutions and omissions. The Peabody Picture Vocabulary Test, administered at that time, showed a vocabulary score approximately one year below her chronological age level. During the seven months of therapy, Jennie's program, in part, was focused on speech development activities through stories and games. Another major area of concentration was devoted to the correction of specific sounds. At the end of the year, the therapist made two recommendations: (a) daily practice on sound and vocabulary building at home, and (b) continued therapy. These recommendations were followed-up by Head Start in the summer, when the staff arranged for Jennie to attend a six-week residential program.

At the time of our visit to the home, both mother and father commented that they had seen a marked improvement in Jennie's speech since her enrollment in Head Start. Prior to therapy, it was apparently quite different and very difficult to understand the child. The teacher who knew Jennie during her first year in Head Start concurred

with this comment. In fact, she had some difficulty in developing a language program for the youngster.

Our classroom and home observations indicated that, despite Jennie's marked speech problems, she responded and related well to her peers and adults. In the classroom situation, she was, at times, distractable--but not to an excessive degree. She was not at all hesitant to communicate with the other children and took part in all activities. At no time during the class observation did she require special attention. Although her articulation was somewhat distorted, she had no difficulty in being understood.

Jennie's classroom program had been developed with a special emphasis on receptive and expressive language skills. These had been integrated into her daily classroom activities.

At home, Jennie was equally outgoing, talkative, attentive to surrounding activities and, in general, quite happy. Although her father was extremely quiet during our home visit, she responded well to both of her parents and visiting neighbors. On occasion, her mother asked that she talk more slowly or repeat, but these requests seemed to cause no difficulties for the child. Her mother and father noted that they rarely had any problems with the

child at home. Admittedly, she seemed to be "typical" in every aspect of her behavior.

Upon the recommendation of her speech therapist, Jennie was supposed to continue to attend therapy sessions this year. Further surgery for her cleft palate was to be scheduled in the near future through the Crippled Children Clinic.

Jennie's parents were both quite positive about Head Start; this feeling largely centered around their satisfaction with Jennie's speech therapy program. Without the assistance of Head Start, undoubtedly it would have been most difficult for the parents to have attained such services. They seemed to recognize this situation and, thus, were extremely grateful to the staff.

Both Jennie's parents and her teachers expected that she would attend kindergarten in the local elementary school next year.

Sandy

Sandy was a five-year old Indian girl who lived with her white, foster parents on an Indian reservation. She was developmentally slow for her age, had an awkward gait and poor coordination. Sandy's foster mother said that she thought that the child's problems were a result of malnutrition. Her perceptions of the youngster's problems were best reflected in the following quote. Regarding the center for the handicapped where she was referred by Head Start, Mrs. O said,

> They said something that really upset me though. They said she might have to come back in May for a mentality test, to test if she's mentally retarded. I understand that she's slow and that she'll always be slow. The doctor told me that kids with malnutrition are like that. But I cannot believe that she could be mentally retarded. She's not that bad. I know she's a spur-of-the-moment child. It might take her a longer time than other children to get something, but she'll get it all of a sudden.

Mrs. O indicated that she had not tried to get any special services for Sandy because her doctor had told her to "let her go at her own pace." The doctor had said that, "if we send her to a program, they could tear down everything we have built up." Mrs. O finally decided to send Sandy to Head Start this year because, as she expressed

it, "I realized at five, I'd have to send her to school. I couldn't just keep her at home."

Though no special services were being provided directly to Sandy at the time of our field visit, a consultant had come to aid Sandy's teachers in program planning for her. Also, it was mentioned earlier that, since Sandy's front teeth were missing, she needed plastic teeth to improve her speech. One teacher had told Mrs. O, "Before you get her plastic teeth, let us check into it. I think we ought to have some funds for things like that."

Mrs. O was very pleased about everything that Head Start had done for Sandy. She went on to describe some of the changes she had seen in the child since her participation in Head Start. She said, "Well, before I had to tell her to go to the bathroom. Now she just goes by herself. And she eats by herself." She also said, "Sandy's talking more plain now. Without Head Start, what would I do with Sandy? She'd have no place to go; she'd just stay at home."

Sandy's teacher also discussed how she had changed from the time she entered Head Start. She said:

> Her mother has done everything for her at home. I figured I had to make her do things for herself. Instead of doing everything for her, I'd tell her to do them. When she first came, she was going down the stairs sitting down. Then she would hold onto my hand, but I took my hand away and put her hand on the railing. She has to learn to do it by herself. It's good in one way and bad in another. One day when Sandy gave me her shoes to put on for her I threw them back to her and told her to put them on. She did. One of the other teachers saw and asked me how come I did that. She couldn't understand. Sandy would just point to things and her mother would get them. Her mother would feed her with a spoon, but we taught her to eat. Her mother would tell her when to go to the bathroom, but now she goes by herself. She comes and tells me when she has to go. I think she's learned a lot of these things from the other kids, seeing them do them.

Indeed, our observations did suggest that Sandy engaged in imitative behavior. For example, when other children in the class came up to the observers and began to hug them, Sandy did likewise. When the other children were watching a filmstrip, Sandy also sat at the front of the room and watched them make shadows. When the children went downstairs for free play, Sandy did not really join in or play with them. Instead, she imitated the things they were doing.

When her teacher was asked how the other children related to Sandy and she to them, he said,

> When she first came, Sandy used to hug and kiss all the kids. They were afraid of her. Now they're used to her, and they ignore her. We're getting along O.K. now.

We did notice her hugging the other children a couple of times. They did not shy away from her, but hugged her also.

In general, there seemed to be more frequent interactions between the teacher and Sandy than there were between the teacher and the other children. He seemed to have a good understanding of Sandy and her needs. It was agreed by all concerned that Head Start was having a beneficial effect on Sandy, and that she would remain in the program for another year until she was ready for school (It was interesting to note that when the observers asked Sandy's teacher about the legislative requirement to enroll handicapped children in Head Start, he seemed to have no knowledge of the mandate).

David

David was a four-year old child who had been legally blind since birth and was delayed in speech. He was generally in good health--a very energetic child with good coordination and balance.

David first entered Head Start in September of this year. His parents had been very pleased with his progress. They felt that the program had helped to improve David's speech; the child did not talk at all or socialize with other children of his own age before entering Head Start. Although his speech was still delayed at the time of our visit, David now says words. In addition, he had adjusted well to the center setting. His teacher said that when he first entered the program, he seemed to be very withdrawn. In general, at the time we visited, he interacted more positively with the other children, though he still tended to be aggressive at times.

Because of his speech problem, David was initially referred to a speech therapist by Head Start and was, at the time of our visit, receiving therapy in the center once a week for one-half hour. His mother was told, however, that little could be done to improve his eyesight.

Our classroom observations revealed that David still only partially participated in many of the activities. This was particularly true during many of the highly structured activities. On the other hand, during unstructured activities, where he could do essentially what he wanted, he seemed much more involved and happier. During the opening activities observed, for example, he was seated in back of the room and did not join the other children. During free play, however, he was very active. He loved to paint and play with puzzles, although he needed assistance when involved in these activities. He played with the other children and appeared to have many friends.

Mindy

Mindy was a five-year old girl who had an artificial lower right leg as the result of a birth defect. She had her first operation for correction of her birth defect when she was 11 months old. At the time of our visit, doctors were recommending another operation to amputate more of her leg. Her mother, however, was reluctant to grant this permission.

Though identified as handicapped, Mindy appeared, in many respects, to be a typical five-year old. She had fully adapted to the artificial leg, and it did not seem to interfere with her normal activities. Her mother fully expected that she would enter public school kindergarten next year.

This was Mindy's third year in the Head Start. Staff at the center were not aware of Mindy's handicap at the time when she was enrolled. Some were surprised to hear that they had a physically handicapped child in their program--in fact, they still did not consider her to be handicapped or in need of special services.

Mindy's mother was primarily concerned with Head Start's provision for the development of her child's

social skills, rather than the full range of services offered. Since Mindy had been receiving medical attention before being enrolled in Head Start, this was not an area of high priority insofar as her mother was concerned. She was very satisfied with the services that Mindy and her family were receiving. The center had not had to do anything special for Mindy's physical handicap; her mother had taken care of ongoing evaluations of her physical problems.

From our observations of Mindy at play, it appeared that she participated in all activities and interacted well with the other children. Once another girl helped her up from the floor, but she did not seem to need the assistance. It was a gesture of friendship. Out-of-doors, she played in 55-gallon barrel tunnels with the other children, some of them rolling the barrels over. Later she "walked" on a row of tires--an exercise she completed quite well. Mindy was a good runner and, unless one was told, it was doubtful that one would realize she had an artificial lower right leg.

The staff responded to Mindy, as they did to all other children in the program. They did not know why she was considered to be "handicapped." Socially and

emotionally, she had no problems. Her presence, so it appeared, had softened the impact of the legislative mandate on the staff members, in that they were beginning to realize that the definitions used for "official" reports were different from their own.

Stan

Stan was a seven-year old boy who had cerebral palsy, with accompanying speech and motor problems. His mother described his problem as one related primarily to speech and motor difficulties. At the time of our visit, the child appeared to be in good health.

For several years, Stan had been seen by outside community agencies, some of which had recommended institutionalization. His mother had strongly resisted this. As an alternative, Stan was enrolled in Head Start, briefly, two years ago but was taken out and placed in another program. The reasons for this were not clear from our discussions with the mother. Public school placement was attempted, at one point. That attempt too, however, was unsuccessful. Before enrolling Stan in Head Start for a second time, his mother had tried placement in several segregated programs for the handicapped available in the county. Though somewhat satisfied, she did not like the "bad behavior" he seemed to be picking up from the other children.

Though no special equipment or programs had been provided by Head Start, the mother thought that Stan was

"doing O.K. here." In her words, "He can do things he could never do before. We understand him, and I cannot get over how much he's learned. He can make his needs known to us." Stan's mother saw much of this to be a direct result of Stan's being in Head Start and the work they had done with his "speech and hands." In contrast, the doctor at Tri-County Medical Clinic reportedly had told the mother that Head Start "was bad for him."

When we observed Stan in the classroom, he seemed to participate in the activities shared by most of the other children. During the activities, teachers often held his hand or sat next to him to give him some special assistance. When the group played musical chairs, Stan stayed in the game for five rounds before one of the teachers took him out and allowed him to sit out the rest of the game. When the children all played in a rhythm band with either sticks or bells, one of the teachers sat next to Stan and showed him how to beat the sticks together. She showed him several times, but he was not able to do it. The teacher soon moved on to other children and left Stan to do the best he could with occasional assistance. Stan was also observed in a

group situation. He was able to participate where the teachers made no special efforts to include him.

Stan had provided a positive experience for the staff. His presence had alleviated much of the anxiety of some overworking with the severely handicapped. Staff had seen his improvement in the short time that he had attended and talked about their success, where other agencies had been less successful. They characterized the ways in which other children reacted to Stan as "childlike innocence." As one staff member put it, "Children don't see the differences as bad until some adult puts it in their heads."

Daniel

Daniel was a tall, flaccid appearing, lanky six-year old, with a very pale complexion, and butch-style black hair. His behavior much of the time was characterized by a random waving of his arms and shaking of his head back and forth. He did not initiate conversation, although he could count and said his alphabet. A recent diagnostic evaluation indicated that he was functioning at the two-and-a-half year old level. This was his first year in a Head Start program.

His mother told us,

> I first noticed there was something wrong at about 18 months. The doctor told me there was nothing wrong with him. Even my husband didn't recognize there was anything wrong with him until he was around three. It begins to make you feel like it's you, maybe something that you've done.

It was not until this past winter that she finally began to convince others that Daniel was not developing normally. Talking about his recent evaluation, she told us,

> They said that he could learn. They didn't know why he would have to go to a school for the mentally retarded. They said he wouldn't have to go to an institution, although he might have to be in a special class . . . . They said not to work on things like academics. They said everybody should work on his social adjustment, because he just doesn't relate to other kids at all. He doesn't get along. If other kids do things that he doesn't like, he hits them.

Daniel stood out in his classroom because of his larger size and his often inappropriate behavior. The teachers kept a special eye on Daniel, but tried to be "inconspicuous" about this special attention. A special worker responsible for handicapped children in the program told the observers,

> He needs almost constant attention. I spend more of my time with him than I do with any of the other kids. He's O.K. for awhile, but if one of the kids does something that he doesn't like, or doesn't give him something that he wants, he'll hit them.

About two minutes after this comment, we observed a fight, and it appeared that Daniel had hit a little girl. The little girl didn't seem very upset, but a staff member ran over to avoid further trouble and took Daniel away. That was the end of the incident! In the classroom, Daniel was expected to do what everybody else did, although he sometimes received extra attention.

The other children didn't seem to react to Daniel in an especially positive or negative way. Instead, they tended to ignore him. On the playground, he pulled some of them around in a wagon, and some of them pulled him. A teacher supervised some of the time; some of the time she didn't. During story time, Daniel didn't pay attention,

but instead sat on the lap of the special teacher for handicapped children and looked at a book on his own. He was kept with the group, and nobody seemed to care that he had his own book. At one point, he let out a loud giggle and shook his arms. The teacher said, "Daniel!" No one else even turned around. There was only one time that he was not physically present with the other children in the class; this occurred during lunch when he sat with the special teacher and two other children considered to be "handicapped."

We asked his mother how she thought Daniel was doing in Head Start, and she was full of praise.

> He has improved as much as I could have hoped for in the time that he has been here. Before he used to sit and cry for hours. He did that at first when he came to school. He'd cry for awhile, but now he doesn't cry at all. He's changed a lot since he started to come to Head Start. He used to just sit; he wouldn't relate at all. He's beginning to relate more to everybody, both at home and in school. At first he would just scream, he wouldn't stay in one place, or he wouldn't do anything. When the Handicapped Project Worker first came to get Daniel to bring him to Head Start, he cried and hollered when he saw her. But now he loves to see her.

She continued by telling us that Daniel's balance had been very bad before the program, but that that was also improving.

> Before he couldn't walk 20 or 30 feet across the room hardly, without falling. Maybe his balance is tied up with his emotional problems. Maybe everything is getting better all at once, since his balance is much better.

The observers noted that Daniel didn't seem to have much trouble with falling, although it should be noted that he had a very unusual gait.

Daniel's teachers also felt that he had progressed well since September. The teacher aide told us, "There has been a big change in Daniel since he came here. Like in the quiet period today, you would never have seen him stay quiet so long." She said that she didn't give Daniel special treatment, but that sometimes he needed extra attention in some activities. "In reading today, he spoke up only once, and he wouldn't have done that even before." When we asked if she had special problems with Daniel, she replied, "No, I think it's just great."

His teacher noted similar improvements.

> The first few days he was here, he did nothing but sit and look at these catalogs (she pointed to some thick Sears and Roebuck catalogs in the corner of the room). Now he is getting around and socializing more. He's moving around the classroom and exploring different things. We have to try to meet his needs, but we do that with each child. We let them do their thing.

We asked his teacher if the special teacher spent time with Daniel alone or if she worked in the classroom. She answered,

> Well, if she didn't do that (work in the classroom), what would be the purpose of having him in the class--if he wasn't integrated. If she didn't work toward getting him to work in the group, then it wouldn't make any sense to have him in the group.

Both of Daniel's parents have assumed active roles in the Head Start program. The father was president of the center parent group and a representative to the Policy Council. His mother was an active volunteer at the center and was so successful in working with another handicapped child in the program that during our observation there she was hired as a Handicapped Project Worker herself.

Most of the staff in this center seemed very comfortable with Daniel, and didn't express any concerns or worries about the legislative requirement. The special teacher was the only exception. She volunteered these feelings after asking us to make suggestions about how to improve the work of the staff with Daniel. In her words, "Well, all I want is what's best for these kids. I want all the help I can get."

Gary

Gary was a four-year old child who began attending Head Start in September. His primary difficulty was a speech problem. Shortly after he entered the program, however, Gary also developed seizures. His mother told the observers that she and her husband had taken the child to a hospital for an EEG and that it had revealed some damage on the right side of the brain. His mother was planning to take him to a neurologist for more tests. She said she was doing this "for (her) own peace of mind." When we asked if they had any idea why the seizures developed, she told us, "The doctor said that there were 1,000 reasons why they could develop." The family had incurred all expenses involved in treating Gary's seizures; according to his mother, they "earn too much for welfare."

Gary was integrated into all of the main activities of the class; and, apart from the extra visits the family received from the Handicapped Project Worker, he was given no special assistance. When we talked to Gary's teacher about his handicap and asked why he was in the "handicapped project," she mentioned only his seizures. His speech was not discussed. The only time that Gary was singled out as

being different occurred at lunch when he was seated at a table with the other "handicapped" children from his class and with the special Handicapped Project Worker.

Gary's mother thought that there had been a great deal of improvement in his speech. Apparently his speech had been a concern to her for some time. Just before he was enrolled in Head Start, she herself had started to bring him to a speech therapist. She told us, "Gary is very shy. The way he acts in church, the people think that he is mentally retarded. My husband's family thinks that he is too."

We asked why they thought this, and Gary's aunt answered, "He's mischievous."

"He doesn't talk, he just says 'uh, uh,'" his mother elaborated.

Gary's great-grandmother, who was also present during the home visit answered,

> He's just a boy. I told her the problem is that all he has to do is point, or make a sound when he wants something--why should he talk? I should know; I raised seven kids.

Whatever the reason for his speech problem, his mother was very happy about the changes she had seen since Gary started to attend Head Start.

> I think that Head Start is wonderful. He has picked up a lot of speech from the other kids. Before, only his sister and I could understand him. Now everybody does.

His aunt added, "I used to call on the phone and he'd answer and I didn't understand anything. Now I understand every word." At a different time, we asked his aunt if she thought the program had been useful. This time she elaborated on a different aspect of its benefits.

> I don't know if it's helped Gary, but it sure helped me. I've got problems of my own, and the doctor told me I need a purpose in life. Going there gives me a purpose. I really enjoy working with those kids. I think that Head Start has done too much for us.

Gary's case was most interesting because it illustrates the important point that <u>the same child can be perceived by many people in many different ways</u>.

Ray

Ray was a healthy five-year old child who had posed some rather complex problems for the staff in the Head Start where he had been placed. In the classroom, he had been extremely withdrawn and spent much of his time in the room sitting on his knees with his arms wrapped around him. At home, on the other hand, he appeared to be completely "normal" and behaved as might any five-year old.

Ray was the youngest of 10 children, four of whom went to a state school for the deaf. The rest lived at home. Ray's mother had considered him to be one of her "normal" children. When we talked with her, she seemed to be unaware of the problems he was presenting at school. She reported that there were some initial problems when Ray didn't want to take the bus. At the time of our visit, he was reportedly still reluctant to go at times. Beyond this, however, his mother felt that Ray was completely normal and expected him to lead a normal childhood.

The Head Start staff were greatly discouraged by Ray's behavior. Up to the time of our field visit, the child had not spoken; it had been a month-and-a-half since enrollment. The staff had noticed only one change, i.e., that he was not crying as much.

A typical center day for Ray began with his sitting in a chair at one end of a table--the same place every day. Reportedly, he would stay there all day if the teacher did not force him to move. If the teacher gave him individual attention, he would at times participate in activities.

One observation involved the following situation. While other children were playing musical chairs, Ray and a teacher glued glitter on construction paper deer. Individual children had done this activity earlier. The teacher held the glue in his hand to get him started, then let him complete the activity by putting the glue on by himself. Ray, in the meantime, decided that he wanted to go to the other end of the room where the other children were. The teacher allowed him to go and finished the glittering herself. After playtime, Ray helped to clean up the blocks. He then listened to stories read by one of the teachers. At lunch time Ray went with the other children to wash his hands without special urging. During none of these activities, however, did he interact with the other children.

The staff had tried several tactics to try to motivate Ray. For example, the teacher had given him rewards of M & M's for "positive behavior." There had

been problems with this approach, however. In the teacher's view, he rarely did anything "worthy of reward." Thus, in frustration, she had turned to reinforcing him for all activities. Needless to say, the technique did not seem to be working.

When observed at home, Ray seemed to act like any five-year old. With this in mind, we found this case to be especially interesting because the child's mother reported that she had noticed many behavioral changes in Ray--all of them positive in nature. For example, he had learned how to be a cowboy, to do things more neatly, to clean his hands, and to say his words more clearly. In addition, his mother reported that he had learned his colors and shapes better and that he was much more active at home.

The staff was encouraged by our observations in the home, but they still did not know what they could do to facilitate his socialization in the classroom. They expected that Ray would go to kindergarten but felt that if he did not improve "he would be lost."

Lulu

Lulu was the only child. She was four years old and enrolled this year for the first time in Head Start. Lulu's mother thought that she might have had Rubella when she was carrying the child and that this might have accounted for Lulu's 70 percent hearing loss in both ears. She lived with her mother who was divorced.

Hearing aides had improved Lulu's hearing loss to a large degree, but she still had some speech problems. She had received speech therapy in the past. This, however, had been provided only on an irregular basis. Lulu's mother thought that her child would probably need speech therapy for some considerable period of time, i.e., "Like some kids go to piano lessons, she will go to speech therapy." When Lulu's hearing loss was discovered last year, her mother talked to her doctor about putting Lulu in a school for the deaf. He thought that that would be "a step backwards" and advised her to put Lulu in a public school as soon as possible. It was then that Lulu's mother explored the possibilities for enrollment in Head Start.

While the Head Start staff characterized Lulu as being "real quiet and drawn up inside" when she first entered Head Start, at the time of our visit they felt that she had started to come out of her shell.

Lulu's mother thought that since Lulu's enrollment in Head Start, there had been "a world of difference." She was able to talk to Lulu and was better able to understand her. She also felt that the child was not as withdrawn.

Our observations confirmed the fact that Lulu was still having trouble with relating to other children, probably because they could not understand her. One teacher said when she tried to talk to the other kids they just looked at her and walked away. During our visit, Lulu watched the other children playing a game for awhile, left it, then returned again to watch in a few minutes. During this time, Lulu did not talk to the other children. We sat next to her on the bus which took the class to the local elementary school for lunch. Lulu smiled and did not seem afraid, but she did not talk. At lunch, she tended to her own needs and seemed to require no special assistance from the teacher. During other observations throughout the day, she remained on the periphery of the main activity, never really interacting with the

other children. At one point, the teacher brought her into an activity with the other youngsters, but she did not interact verbally.

On the basis of what people told us, Lulu was interacting more than she had previously, though our observations revealed that her interactions were still extremely limited. This was a point of concern for the staff at this center, who did not feel that they were prepared to do all they could for her speech problems and social behavior. One teacher said she didn't feel that she knew "how to work with her."

Marshall

Marshall was a five-year old child with muscular dystrophy who entered Head Start in the fall of 1973. Marshall and his parents lived on an Indian reservation. Other than the Public Health Services, there had been no special provisions made for Marshall until this time. In 1969, he was enrolled in a state school for two weeks. According to his mother, "he almost died" at that time. Last year, he was almost placed again.

Marshall was a child who was presently functioning at a severely "retarded" level of development. At the time of our visit, he was not toilet-trained and did not talk, although he did seem to understand some things that were said to him. He began to walk only after his enrollment at Head Start. Recently his mother had thought about teaching him to feed himself.

Marshall was evaluated last year at a state-supported center for the handicapped. When these observers talked to a social worker at that center, she told us they recommended institutionalization for the child because he needed an intensive training program.

Their own physical therapist had found progress with Marshall very slow, and they did not feel they could serve him adequately.

The parents didn't commit Marshall, though, and his mother told why.

> We went to bring him back in February and we talked to Dr. _____ (the Director), and he told us this and he told us that. He made you feel like dirt under his feet. We were just dumb people; we didn't know anything. We just said 'forget it.' We weren't going to leave him there with his attitude.

A later visit by the observers to the center for the handicapped revealed that the institution had wanted the parents to sign over guardianship of Marshall to the state in order to prevent his mother from interfering with their program for Marshall. The social worker said that this was the reason that they had refused to commit him at that time. The family had another older son who had been placed at the same institution; he also had muscular dystrophy and was apparently more severely impaired than Marshall.

On the reservation, most everybody knew everybody. So everyone knew about Marshall. This was important because Marshall was one of the first children recruited by the director of the handicapped effort when the

legislative requirement was made that Head Start should serve handicapped children. Before this, his mother had never been approached about putting Marshall in the program. Reportedly, she was very excited about this and brought Marshall over before the staff were ready for him. The plan at that time was that Marshall would come to the center three times a week--and that a person from the handicapped project would work with him on Tuesdays and Thursdays. This plan was still in effect, although at the time of our observations his mother said they had not made any home visits yet. His mother carried Marshall to and from the center, a distance of about a mile, and waited there for him.

His mother thought that Marshall had really gained a great deal from the program. The observers asked about these changes and she said, "Well, he's walking a lot more now. When he came, he was mostly crawling; now he hardly crawls at all."

We asked her what she thought of Marshall's going to school with typical children. She said, "I think it's good. He sees the other kids doing things and thinks that if they can do them, so can he."

The Head Start staff cited Marshall's increased walking skills to be the area of his greatest improvement. This seemed to be confirmed by discussions of the observers at the center for the handicapped. While talking to the social worker, for example, we mentioned that Marshall was walking.

She asked, "With crutches?"

"No," we answered.

"With a walker?"

"No, by himself. He's a little shaky, but he doesn't fall," we answered again.

She turned pale and only said, "They must be doing something right."

"What do the other kids think of Marshall?" we asked his teacher, a young Indian man of about 23 years.

> When he first came here, the kids didn't like him. But after awhile when he'd fall, they'd help pick him up. Now they say that he is too heavy.

He continued,

> We were all sitting around in the lunchroom one day, and Marshall got up and started walking around, and he fell. Another teacher got up to get him, and I shook my head, 'no.' He crawled over to the table by himself and picked himself up. You have to let him do things for himself.

In a different context, the same teacher told us, "We can't pay as much attention to Marshall as we should because we have to spend a lot of time with the Head Start kids."

On the day of our observation, however, Marshall was receiving a great deal of attention from his teacher while, for the most part, he was ignored by the other children. The observers asked if he had always received this attention. His teacher said, "No, usually we just let him walk around."

During much of the time in the classroom, his teacher held Marshall on his lap. Around 11 o'clock in the morning, when we first came into the class, the group was "painting" with colored shaving cream. This was the only group activity where we saw Marshall participate. His involvement in the activity differed only in that he did his painting on the table, while the other children were given paper. Also, he was given a smock to wear while the other children were not. Further, most of the group did

this for a half hour, while Marshall only did it for five minutes. He sat either on his teacher's or the observer's lap for most of the other time.

Around 11 o'clock a Catholic sister came into the classroom to lead the group in song. Sister Josephine played the guitar. The class sat in a half-circle facing her during the activity. We were sitting opposite the children in a three-quarter circle. His teacher still held Marshall. Sister Josephine began singing. During this time Marshall tried to get away from his teacher. After two songs or so, his teacher finally let him go. He walked in his "off-balance" manner to one of the seats that was empty and half-sat on that and another child. The children seemed to watch him for a minute. The child he sat on pushed him off onto the chair. When Sister began singing again, Marshall got up and walked toward her. Before he reached her, his teacher reached for him and brought him back to where we were sitting. He said,"The kids were paying more attention to him than the singing." The teacher paused and said, "What would you have done?" We said that we hadn't noticed that the other children were paying much attention. We said that we would have let him stay up there a while longer. The teacher then pulled his own chair forward so that Marshall was in the group

but on his lap. A few minutes later he allowed Marshall to go again. This time Marshall headed toward an empty chair, but tried to sit down on another child's lap. He was pushed again, and this time he landed in his seat. Again, his teacher went and got him. He slid his chair back towards us again. We all continued to listen to the music. At this point, we noticed that Marshall's pants were wet. A few minutes later his teacher said, "Look at his pants. Oh, I'm not going to notice it. I hate to change him." He continued, "The kids don't like him because he smells, and he does, and he drools." Everyone continued to listen to the music. Around 11 o'clock his mother came into the room and said that it was time to go home. She then noticed that Marshall was enjoying the music and said, "He really seems to enjoy the music. He does at home, too. Maybe he should stay for the rest of it." His teacher answered (somewhat sarcastically), "for the rest of the year too," and readied Marshall to go home. It was at this time that we were told that Marshall only came between 9 and 11 o'clock on the three days that he attended.

Marshall's future after Head Start was uncertain at the time of our visit.

Case Summaries of Children
from the Second Round

Kenny

Kenny's home was in a low-income housing project in a very poor, tension-filled section of a large Eastern city. His primary handicapping condition was a severe speech impairment, stemming from his nome situation where his mother was deaf. In addition, his intellectual development was moderately delayed, although he was capable of doing work commensurate with his chronological age. He also had some very severe social and emotional problems. During the course of diagnosis, these comments had been made about his development: "faulty ego development . . . difficult for him to attend to tasks." His teacher said,

> He is hard to control and aggressive with the other children, although he relates pretty well with them now. He just doesn't have any controlled response focus, in addition to being very defensive and slow to pick things up.

When he first came to the program, the other children were afraid of him because he fought and had a loud voice. He used to hang over the teachers, wanted undivided attention, and refused to respond to simple requests.

Head Start enrolled Kenny in the summer of 1972 after a referral from the medical center's speech therapist who had

done the initial diagnosis and provided some temporary therapy. There had been many subsequent assessments over the two-year period since, and in the process, his emotional problems were unveiled. At the time of our visit, he was seeing a child psychiatrist from the medical center once a week "who worked on Kenny's ego and sense of self." He was also seeing a speech therapist.

Kenny had entered the first grade in the fall of 1973 but was returned to kindergarten because, "he wasn't prepared emotionally." Later, he was placed in Head Start, apparently for the same reason. He needed a good amount of assistance to maintain control of himself.

His classroom plan was developed by his Head Start, first grade, and kindergarten teachers based on observations and the reports of the speech therapist and psychiatrist. Incidentally, his Head Start teacher had worked in a nursery school for retarded children for two years and had a master's degree in early childhood education. She said that no special modification had been made or materials purchased for the child--although they were needed. The problem was one of a lack of funds. According to the staff however, he did have adequate special services.

Formal social, emotional, and developmental tests had been administered to Kenny twice during the year; and informal observations and evaluations, recorded once a month, were being kept. His teacher said, "He makes developmental leaps often and I note these, but the process doesn't differ for non-handicapped children."

The Head Start neighborhood worker was visiting the parents once a week and giving general help to the family. A child development specialist accompanied her frequently and made suggestions to the parents on how to develop a good home program for the child. The parents had about average involvement in the program--occasionally volunteering help and participating in conferences with the teacher about every two weeks. According to the staff, they're very satisfied with Head Start, especially the father since the program provided him with false teeth. His teacher said,

> Kenny has made some pretty substantial gains of late. He couldn't cut, color, or play in sand before last year. Now he can read, write, color and role play. He can interact and play group games. He's less frightened, has a bit more control and attends to problems also. The kids love his sense of humor. His speech therapist is the one who's done the most for him. She centered on his emotional problems; and the improvements in his vocabulary, diction, and sentence structure came naturally. He's really improved about as much as he could, in my opinion.

Arrangements had been made for Kenny to return to first grade in the public school next year.

John

John was nearly five years old and lived in a municipally-owned apartment complex in one of the most impoverished and anxiety-ridden sections of a major East coast city. His formal diagnosis was severe developmental impairment. At the beginning of this year, he was reportedly functioning at a three-year old level in terms of his sensory awareness and motoric skills. According to diagnostic assessments, his cognitive skills also were at about the same level; but summary statements about his development also emphasized that he was "not retarded, but behind." Socially, he didn't play at his age level but mostly by himself. He was pretty overwhelmed with an "I can't" syndrome--and in truth, he couldn't. Consequently, when he first came into the program, the other children ignored him or "treated him as a baby." The teachers had some difficulty with him because he wouldn't talk much and couldn't follow directions.

The child was enrolled in September, 1972, with no special recruitment efforts since his mother had other children in the program. His mother hadn't said anything about him prior to entering, and it was his teachers who had recognized that he was a little slow as a result of an informal

initial evaluation. Subsequent formal evaluations at physical and mental health centers had led to the diagnosis noted above, and the mental health center, at the time of our visit, was providing an ongoing assessment program which was being paid for through a state cluster grant for handicapped children.

John's classroom plan had been set up by the mental health center and teacher on the basis of formal evaluations. An occupational and a physical therapist had been consulted in developing the program, and they also worked with the child in the home.

In addition, high school students were working with John, both in and out of the classroom. No special modifications or materials had been required for the child, but his teacher noted, "He does need a pretty good amount of assistance. For instance, he always has to be helped on the stairs and on field trips he needs more supervision. He needs more direction and encouragement, in general."

Staff are keeping two sets of records on John's development--one, with data from the mental health center and the other, classroom information. The teacher made a formal evaluation once a year, while informal records and notes, composed of parent conferences and classroom progress were

recorded weekly. At the time of our visit, he seemed to be getting along better with the other children. The teacher pointed out that the procedure was not as comprehensive and extensive for non-handicapped children.

The mental health center had encouraged the parents and the other children in the family to become involved in working with John. The neighborhood worker from Head Start who visited the family regularly said, "It was important to change the family's attitude toward John from 'babying' to letting him do his own things, and the mental health people had been doing just that." Because they had eight other children besides John, the parents weren't able to participate in program activities and the Head Start teacher didn't expect it. She saw the mother informally every day and had formal conferences with both parents four times a year. The parents were happiest about the home therapy program for John and felt that there were no more services which the child needed.

Staff indicated that there had been a substantial improvement in John's sensory difficulties. At the time of our visit, his teacher related,

> He's much more exploratory now. He'll paint and play with sand, water, playdough, and the like. His visual discrimination is better and physically he's much stronger and uses his torso more. He can ride a tricycle and run, too.

> Cognitively, he has a comprehension of graduated sizes now; has begun to understand a one to one relationship; and has an idea of classification.

The aide said he was interacting more with other children in a constructive way, i.e., some associative play, much less afraid of trying new things around them, and talking more openly.

The teacher said,

> The other children like him and most importantly, respect him now. It never was severe, but they try to help him by not babying him now. And the aide and myself give him much more autonomy and lead him to constructive activities. His cognitive skills could have developed better but we're satisfied for now. All in all, he's never been aware that he had a handicap, but it's obvious that now he can interact and he enjoys life more.

Plans are being finalized now for John to go to a public school class next year, one level below what is required for his age.

Jennifer

Jennifer was nearly four years old and lived in a very small Midwest town. She had no professional diagnosis at the time of our visit since she had been in the program only two months. The Head Start director, however, thought that she was moderately mentally retarded. This perception contrasted sharply with that of the field observer, who felt she was a severely multiply handicapped child with mental retardation, behavioral and sensory difficulties. The mother perceived her as "brain-damaged and emotionally disturbed." Developmentally, the child appeared to be functioning at a level of about 18 months in terms of physical movement and speech. She didn't say a word during the time she was observed and spent most of her time lying on a mat. Her records indicated that at about 15 months the child went through a massive behavioral deterioration, including the disappearance of all verbal behavior and appearance of involuntary movement after which she couldn't walk until 23 months and still couldn't speak. She became dehydrated twice in her early childhood. On her left hand, she wore a protective brace to prevent wringing her hand, which was causing physical damage. She was not toilet trained, had perceptual difficulties, and had some allergies.

Jennifer was enrolled in Head Start in March of 1974 after a private nursery school in the area which was caring for the child contacted in program under the assumption that Head Start could fulfill her needs more adequately. Earlier in her childhood, Jennifer had undergone extreme convulsions, but the mother was willing to release only the small fragment of that information that has been presented above. Without a diagnostic work-up, it had been virtually impossible to put together anything resembling a substantive classroom plan. A state university hospital had started an intensive diagnostic program in speech, begun just prior to our visit. The staff at that hospital was planning to extend evaluation over a several-month period. But at the time of our visit, programming was proceeding on a day-to-day basis. The teacher was keeping a detailed observational/descriptive record of the child's functioning in all areas for those in the future who work with Jennifer. This was not being done for the other children.

Jennifer's teacher said that the little girl needed almost constant assistance in the classroom in every area of functioning. But no additional personnel had been provided nor had any special modifications been made or equipment purchased. They were sorely needed. Plans had been made for

training but that was not in the near future. The reality of the situation was that Head Start was extending the only services the child received--but much more was required. "Some kind of additional treatment program, for example, a residential school for the retarded, is needed," the teacher said. "Something with more expertise and versatility."

At home, Jennifer lived with her mother who worked full time as a speech clinician. She was "very resentful of professionals," the teacher related, and hence there was balking at diagnostic arrangements. She was involved less than the majority of other parents in the program, but she did invite other parents to a workshop in speech pathology which she gave. The teacher felt that the mother needed special counseling. The mother, reportedly, had respect for Head Start, but staff reliance on professionals--coupled with the need for the mother's permission--detered any rapid advances from being made.

Jennifer's walking had improved and she was becoming better able to sit and stand. The brace on her hand had cut down on the amount of self-injury; and she was better able to eat, especially liquids. She had reached a higher level of subvocalization--although she still had no speech--and she was developing an ability to express herself through smiles.

Her teacher said,

When she first came into the program, the other children instantly loved and 'mothered' her. She was carried and protected by all of them and it still persists with no change. Jennifer's coping has improved so much, though. She's much more calm in the classroom now. We, the staff, try to give her a bit more independence now. Next year I'm hoping we can have her placed in a residential school for the handicapped, but nothing is for sure.

Sarah

Sarah was four and a half years old. She lived in an old public housing development on the outskirts of a moderately sized New England city. She was multiply handicapped, with a primary disability of severe visual impairment. (the official diagnosis was severe visual impairment resulting from alternating esotropia with marked hypertropia). She wore corrective lenses which helped, but her condition still remained severe. Because of her eye problems, she was delayed in her intellectual development and not quite up to the level of a four-year old. She was also very thin and pale and had some very serious emotional problems as a result of her health and eye condition. Her teacher related, "the child has horrible thoughts about herself. She keeps her head down most of the time and feels very ashamed. We've emphasized a lot of positive reinforcement, confidence building, and encouragement for her since August."

The child was first enrolled in April, 1973, when her mother learned about Head Start from friends. The mother knew something was wrong, but the family doctor never recognized anything. After her enrollment in Head Start, the staff realized that something wasn't quite right, and

this judgment was confirmed after the Peabody Picture Vocabulary Test and the Denver Developmental Scale were given and an eye assessment was made at the public health clinic. At the time of the visit, she was being evaluated every three months, and appointments with a private eye doctor were scheduled every month. The diagnoses, continuing evaluations, and prescribed corrective lenses had been paid for primarily by the Lion's Club.

The classroom program for Sarah was designed by the center director, who was a nurse qualified to work with handicapped children, and aides based on classroom observations and the doctor's recommendations. Initially, the child required almost constant assistance in the classroom, but at the time of our visit that was beginning to decrease. The staff had purchased visual perceptual materials for the child, but these were also being used by the other children.

Detailed records of Sarah's progress were being kept by the center director. These included informal daily

anecdotal notes and a weekly summarization of these, with a focus on language, large and small motor skills, and perceptual development. The teacher noted,

> These informal weekly and daily observations are carried on for all children, but Sarah does receive more formal evaluations than the others such as the monthly evaluation at the medical center's eye clinic which Head Start arranged.

She added however,

> Sarah needs individual developmental and occupational therapy which could be provided by the medical center's developmental nursery; but as is often the case, there's no room--although we have the money to pay for the services. So we have her on the waiting list.

Sarah's parents walked her to the center each morning and were very actively involved in the program parent group. The teachers visited the parents in their home once every couple weeks, gave ideas, and brought toys for the child. The parents were well informed about the services that they were receiving from Head Start and seemed to be extremely pleased. The center director added,

> They're the kind of people that would be satisfied and happy with whatever was done for them. And they really care.

When she first entered Head Start, Sarah was an isolated, lonely child and because of this the other children ignored her. The teachers had trouble relating to her because she was so unresponsive and withdrawn. The center

director set up a situation in which one staff member was with her at all times and "did a lot of touching, speaking softly, and rocking her in a rocking chair." Relationships with her peers had improved considerably. In this regard, her teacher said,

> The children accept her and she's letting them do it. For example, mealtimes used to be very unpleasant because no one wanted to sit near her; but now that's no problem at all. In fact, they get excited for her when she does new things.
>
> The child has improved in all areas in the last year. She's more coordinated now. She uses her body, walks straight lines, jumps, rides a tricycle--all large motor things. She has a much better self image. For instance, she plays, verbalizes, and asks for things in groups now whereas she wouldn't before. She's also gained weight. And I feel because of the better self-image, she has more intellectual awareness and desire to learn.
>
> But Sarah still has a long way to go. She still hangs her head and feels frustration over not knowing how much she will be able to see in the next instant, even though she can handle it better. She's progressing beautifully, but with this kind of eye condition we can't make specific goals. Of course, there's room for improvement; but as long as she's going forward, then we let her go at her own speed.

At the time of our visit, the staff was planning to keep the child in Head Start for a second year. They wanted to provide visual skill activities that she probably wouldn't

receive in a public school. They also wanted to buy summer services for her attendance at the medical center's developmental clinic, in addition to Head Start day care.

Gilbert

Gilbert was a four-year old who suffered from cerebral palsy. His home was located in a small Appalachian town. His physical problems were very severe. He tired easily and could not sit up without braces, much less walk at all. He had no bowel control and could pronounce only a couple of words without extreme difficulty. He entered Head Start in September, 1973, after a referral from the Crippled Children's Clinic in the area; but Head Start had assumed major responsibility for the child.

At the time of our visit, Gilbert came to Head Start three days a week, for half a day, in order to expose him to a classroom environment; however, there was no formal classroom plan for him. He remained at home the rest of the time. Because of his teacher's minimal experience with cerebral palsied children and understaffing, the staff had asked his mother and sister to accompany him to the program. His teacher related, "The child needed constant assistance in the classroom at all times." No special materials had been purchased for him and no modifications had been made in the facilities. Head Start had made no formal evaluations of the child, but the teacher kept an informal progress chart,

based on observations which she recorded twice a year, as she did for all the children.

The child went to the Crippled Children Clinic about once a month for therapy. The mother was concerned, however, that the agency was not providing an extensive enough program. It would have been difficult to have extended the frequency of these visits, however, since the family lived 100 miles from the agency. There were no other services available in the area.

Gilbert's parents had assumed responsibility for bringing him to the center and had taken an active role in the Head Start program. The father was on the Policy Council, and both parents volunteered for any needed tasks. They came to all the pre-service and in-service training sessions on handicapped children and expressed very positive feelings for Head Start. They had wanted more training on how to work with Gilbert, but services simply were not available.

The staff reported that there had been only a very moderate improvement in Gilbert's condition. He had become more responsive and attentive and was able to communicate his needs a bit better.

The other children in the classroom had related well to the child. The teacher added,

> They do well with him in floor play, but primarily it's his mother or myself who are with him most often. It's another story for my aide and myself, though. We were terrified at first but training and exposure have relaxed us.
>
> He's done as well as could be expected with the facilities and equipment we have, but that's not much. With more, we could have done more; and he would have progressed further, I'm sure. As for next year, well, he'll be too old for Head Start; and we're not allowed to take him then even if he's handicapped. The public school system here is awful about stuff like that, especially physical handicaps. So if his parents can get anything, it will be homebound instruction.

Barbie

Barbie was four years old and lived in a small town in the middle of California's grapevine sector. She was originally identified as deaf, with a 60 decibel hearing loss in both ears. With hearing aids, her hearing was only slightly impaired. She had some mild learning problems. Socially, she was very shy when she came into the program, but in no unusual way. According to her teacher, her speech patterns were very similar to those of a typical hard of hearing child. Her teacher remarked that when she slowed down she was O.K., but that when she got excited, she yelled and could not be understood.

She had been referred through the efforts of the area's auditory center. Barbie was enrolled in Head Start in February of 1974. The child was sent to Head Start in order to provide an opportunity for her to be with typical children.

Head Start had not been involved in any diagnostic or health services for the child. Since infancy, these had been provided by the Armed Services and the auditory center. Since she attended the program only two and one-half days per week, no special plan had been developed. Most of the time she attended class the children were sleeping or at lunch.

No special modifications or acquisitions had been made for Barbie. Moreover, she didn't require any special assistance in the classroom. The only special service that was being provided for the child was transportation for the 90-mile trip to and from home. This service was being provided by the auditory center. The teacher kept daily anecdotal records on her activities, learnings, and any breakthroughs, but, again, these were maintained for all children. Since her enrollment in Head Start, she no longer attended hard of hearing classes at the auditory center.

Barbie's father was in the Navy, thus, in the past, everything had been paid for by the government. The family lived an hour's drive away and had not participated at all in the program. The teacher said she had met them only once, but she did keep them informed about Barbie's progress and they seemed to be quite pleased about this. Reportedly, they were very helpful in responding to any requests for information and the like and had indicated that there was nothing they needed in any way of services for themselves. The teacher noted that,

> It took Barbie about a week to get used to us, but now everything is fine and she says 'good morning' to everyone when she comes in. She's using sentences now and not just words, as well

as talking spontaneously more. To tell you the truth, I'm not even sure she has a problem.

When she first came into the program, the children realized she didn't talk. Her teacher went to describe Barbie's interactions with the other children as follows,

> They were very protective and overly helpful of her at first, but now that they know she can really talk they treat her normally. Like today, they told her to wash her own chair instead of doing it for her as they usually do. And it was the same way for us, the teachers. At first we didn't have any expectations of her and were protective. For instance, we would give her food instead of asking her. After a week, though, we found out she wasn't totally deaf as we had been told and when she started talking, our expectations rose until now we treat her pretty much as we do any of the others.
>
> With more time and resources, I'm sure she could have been speaking relatively well by now; but we've done what we could do. She'll probably be moving in June, so we've made no plans for her next year.

Shawn

Shawn was five and one-half years old and lived in a small New England town. He had a hearing impairment which severely limited his communication. His doctor said that he had hearing loss in both ears and probably was relying heavily on lipreading in order to communicate. He had some mild intellectual problems. His teacher said,

> He cannot pick up rhymes, numbers, etc., and will often hold a book upside down for a whole story. He was very shy and doesn't grasp what's going on around him.

His speech difficulties--in particular, poor pronunciation--were also related to his hearing. Physically, he was very susceptible to colds and had numerous ear infections.

Shawn was enrolled in Head Start in the fall of 1972 by his parents who had previously had children in the program. It wasn't until the staff made an initial assessment that his handicap was detected. According to the staff, the parents said they weren't aware of any difficulties besides the child's not talking. Subsequent formal evaluations, which were paid by Medicaid, were made by a specialist. No formal classroom plan had yet been developed for Shawn since results of the diagnosis were still unknown. At the time of our visit, however, teachers were planning to meet with doctors to develop a program.

Shawn required fairly constant attention in the classroom only during group activities. The staff made formal evaluations three times a year; these were based on cognitive, language, motor, and self-development progress sheets. In addition, more frequent informal observations were recorded once a week by the teacher. The child had needed no special services outside the classroom, nor needed any special equipment, nor any modifications in physical facilities.

The staff has had some difficulty with Shawn's family. The mother was essentially indifferent and had placed five of her other children in foster homes. The teacher noted, "We've had to push his mother in the past into getting help for the child when he was sick." Neither of the parents participated in the program, but the father seemed to be more concerned about Shawn. The father walked the child to school and made himself available whenever the child needed hearing tests.

There had been no noticeable changes in Shawn's hearing difficulties. He still had the same cognition and learning problems. He was also still very sickly and lost a great deal of school because of these problems. Major improvements had been evident in his social behavior and in his

speech. He was not shy anymore and, whereas he was completely non-verbal when he first entered the program, and at the time of our visit, he was beginning to talk with adequate facility, even though his pronunciation was still poor. According to his teacher,

> The other children always loved him; but because he's so well liked, the others will waver from structured situations when he does. So it's a problem. If he doesn't hear them, the children simply scream louder as need be. They don't seem to be aware of his handicap. As for myself and my aides, we like and love him, too, but during the group exercises we try to sit next to him to keep him involved.
>
> If the diagnosis had been made sooner, I'm sure his intellectual progress could have been much more extensive. In other words, if we'd only known what was particularly wrong. Since there are split sessions for kindergarten in this state, we're going to keep him in Head Start at least until December of this year, but probably a year more because he's not ready for kindergarten.

Randy

Randy was a 13-year old Down's Syndrome child with severe mental retardation. Physically he was the size of a six or seven year old. His attention span was extremely short. He couldn't function in a group and understood no verbal commands. He was not toilet trained, and his feeding habits were poor. He had some severe sensory and physical problems, but the nature of these problems was unknown because they were unable to give any adequate tests. His speech was extremely limited with a vocabulary of only four or five words.

Randy came into the program in February 1974, after the program's social worker "had spotted him in a field and started investigating." His handicaps were obvious, and a month later a formal psychological diagnosis at a nearby university sustained the initial diagnosis of mental retardation. Head Start paid for the diagnosis and the director, who was also the special education coordinator, felt no further evaluations were needed.

In the classroom, a program based on the diagnostic work-up and his present level of functioning according to the Learning Accomplishment Profile, an informal developmental scale. The teacher, who had a master's

degree in special education and the program handicapped coordinator in consultation with a psychologist had put the program together. The teacher and her aide gave the child constant attention in the classroom, but no additional personnel have been added. The physical facilities hadn't been modified, but a portable toilet seat and some special clothes had been acquired for Randy. All the other purchases for him could be used by the other children. At the time of our visit, special arrangements were being made by Head Start for the boy to attend a six-week residential training program during the summer.

Randy lived with his grandmother who had custody of the child since his mother was also retarded. The grandmother had not been able to involve herself in the program beyond what she could do for Randy at home because she had another daughter who also had problems with her children. The teacher tried to provide guidance for the family last year--especially in the area of toilet training. She related that the family was very high on the program. "Their willingness to participate in the summer program was based on their trust and confidence in Head Start. Nobody else ever taught him anything," they told me. She went on to say that she didn't think the family needed any more services.

Randy's behavior had changed very little since his enrollment in Head Start. There had, however, been some advances. He had learned to eat with a fork and was almost completely toilet-trained. His teacher went on to say,

> We got the ear problem cleared up and the dental work is scheduled for next year. His behavior was so bad that no dentist would work on him unless he was put to sleep, but we found one at the university who works on the mentally retarded.

When questioned about the reactions of the other children, his teacher said,

> They were very aware of his differences and would not relate to him at all. They didn't ignore him because his behavior was so bizarre and aggressive they couldn't, and some of them did make fun of him. They've learned now, though, to respond to his aggressiveness by saying 'no' sharply and walking away. And when he's moderately settled, they've learned to accept him sitting down with them and playing with the same materials. For the aide and myself, the biggest frustration, excluding the disruptiveness, was being unable to affect his behavior at all, but we've been able to modify it a bit now. There's so much more, though.

She concluded by telling the observer,

> The public schools won't take him so we're planning on keeping him in Head Start. He'll be 14, and they may not let us keep him in this program. But you have to remember that, as an individual, he needs a preschool program of this level. It's preschool for him as well as the other children.

Donald

Donald was a six and one-half year old and came from a rural New England environment. He had received an official diagnosis of schizophrenia with moderate mental retardation. According to his parents, he was functioning at a two and one-half year level. His teacher said that the doctor had "played down" the retardation "label" because she felt that he had sufficient learning ability. Although the staff had not been able to complete any formal evaluations, the child had learned to read, sing songs, and pick up and play with things he liked. He didn't socialize at all, but had attached himself at periods to one child. At first, the children were afraid of him because of his unpredictability and aggressiveness, but the situation had improved. Donald also had a severe speech problem and a mild hearing impairment, and only in the last year had he been able to talk at all. However, his teacher pointed out that "he still spoke as though he heard things through water and had a feeble vocabulary."

Donald was enrolled in Head Start in January of 1973 after being referred by a nurse from the State Health Department who had visited the family and noticed the child's problems. The nurse had threatened removal of the child from

the home had the parents not enrolled the child in Head Start. The parents had realized very early that Donald was handicapped because he couldn't talk. But they had wanted the child to remain with them.

The center teaching staff and a mental health therapist from the area who had seen the child before he entered the program had developed the classroom plan for the child. A key component of the program involved the use of behavior modification techniques.

Donald needed almost constant assistance in the classroom. Without it, he tended to withdraw completely. The teacher who worked with him most of the time had four years of Head Start experience and had completed a number of special courses and in-service workshops for dealing with handicapped children. She monitored his progress on a daily basis and made a comprehensive general report on his behavior every two months. The teacher indicated that very few special materials had been added to the classroom for the child and no new staff had been taken on to work with him in the classroom. The teacher did, however, provide special transportation for the child to and from Head Start, and he received some special outside services. The state was paying for ongoing diagnoses, and he attended a school for severely handicapped and

retarded children twice a week, which Head Start arranged. The teacher said that the school was a good one, but it did not meet the child's needs. She thought that a residential school for the emotionally disturbed would have been more appropriate.

Donald's parents themselves had severe emotional and learning problems. The teacher saw them every day when they picked up Donald and brought him home. She said,

> They are always cordial but they are very unstable. They mistreat Donald and feel a lot of hate and jealousy for me because I've gotten to him emotionally. They are really ambivalent about Head Start. They need more mental health services which the state would pay for but they won't acknowledge their need for them.
>
> Donald has made quite a bit of progress this year--from no speech at all to speaking in sentences at times now. He can read and do the alphabet song and his hearing seems to be getting better as his speech improves. But by far, his most distinctive change has been in behavioral and social areas. He participates in Ring Around the Rosey and other group games and shows emotion, particularly love and affection. When he's frustrated or angry, he can control himself somewhat--which has relieved a lot of the fear and apprehension the other children had for him. This year they want to help him and play with him more but they also have learned enough to leave him alone when he's angry. But really, though, he's progressed in all areas and we all understand him more--teachers and children--so we're better able to answer his needs. We've grown together.

The teacher hoped that next year Donald would be in a residential school.

Lori

Lori's home was in a small deep Southern community. She was six and one-half years old and had multiple handicaps with primary disabilities of legal blindness and severe mental retardation. She had no sight in one eye, but tunnel vision in the other, which allowed her a lot of mobility. Her teacher said,

> She doesn't always use complete sentences or have appropriate labels for animals, furniture, etc. Often when she responds to a teacher, she'll call us a silly name or use some nonsense words.

Physically, she was small for her age. Lori's behavior presented no problem in the classroom, but reportedly was often inappropriate to particular situations.

The child was enrolled in January, 1974, after being referred by the Developmental Evaluation Clinic and the State Division for the Blind. Her blindness was recognized in infancy, but it was not until just prior to our visit that the Head Start psychological consultant evaluated her as mentally retarded. No further diagnoses were felt to be necessary.

Her classroom program was developed by the teacher and special education coordinator based on her physical and psychological examinations, informal written classroom

observations, and the Learning Accomplishment Profile. Staff had petitioned for consulting help from the State Division for the Blind, and at the time of our visits, were awaiting word on their decision. The teacher and her aide worked with Lori in the classroom with no outside assistance. They related that they had no specific training for the purpose of working with this little girl. At the same time, however, her teacher commented that the child required very little special assistance in the classroom. She went on to say, "Essentially all that is needed is guidance in using materials for the first time and special auditory stimulation, such as tapes and records." No special modifications of the facilities had been necessary, although they were anticipated when the staff was first informed about her enrollment. The teacher remarked,

> No special services have been necessary this year because we concentrated on social adjustment, but next year they will be because we plan to put her on an extensive language development program.

Lori's parents did not volunteer nor did they attend any of the program meetings for the stated reasons of "transportation and job." The Developmental Evaluation Clinic had begun a program through the efforts of Head Start to administer home training to the parents with no costs involved. The

teacher believed that the State Division for the Blind could do more for the parents and was pushing the agency to do so. The teacher saw the parents almost every day and had conferences with them regularly. They had expressed good feelings about Head Start to the point of hoping that Lori would remain in the program next year rather than going to public school.

Changes in Lori during the year had been slight, but there had been a few. Her teacher said,

> Cognitively, she can recognize colors, body parts, and some labels; and she's also added colors to her vocabulary and used some language that was not present before.
>
> She's not emotionally burdened by her handicaps and copes well so it really didn't take her long to make social progress. She relates to the other children and knows names now about as well as could be expected for her age and handicaps. She presents no problems at all to any of us--the children, teaching aide, myself included. When she first came in, though, the children tended to baby her. They would carry her around like a baby when playing, not because she needed it but because she enjoyed that role. Nobody else had ever been treated that way before, but we have worked on it and now it is less so.
>
> Educational objectives are her greatest need now since the social adjustment has been so successful. If she stays with us next year that will be the primary focus. However, the county Lori lives in is the only one without special education classes and so a suit has been filed against the state on her behalf. The parents want her in Head Start next year and we will take her if need be, but I'm hoping that the suit succeeds and she can go to public school.

APPENDIX B

DESCRIPTIONS OF REGULAR HEAD START, EXPERIMENTAL, AND EXEMPLARY PROGRAMS

DESCRIPTIONS OF REGULAR HEAD START,

EXPERIMENTAL, AND EXEMPLARY PROGRAMS

The following is a listing of the 52 regular Head Start programs visited in the first and second rounds, the 14 experimental projects, and the 10 non-Head Start exemplary programs.[7]

Regular Head Start Programs Visited in the First Round

Cluster I: Small

1. Grantee : Lower Columbia College
   City : Longview, Washington
   Region : X
   Enrollment: 30

2. Grantee : St. Mary's Community Action Committee Association, Inc.
   City : Franklin, Louisiana
   Region : VI
   Enrollment: 200

3. Grantee : Sheridan Public Schools #2
   City : Englewood, Colorado
   Region : VIII
   Enrollment: 57

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[7]The six exemplary Head Start programs have not been identified in this list because of our commitment that information about individual programs would be held in confidence.

Cluster II: Medium

1. Grantee : Central Arizona Association of Government
   City : Coolidge, Arizona
   Region : IX
   Enrollment: 220

2. Grantee : Community Action Agency of Lexington-Fayette County
   City : Lexington, Kentucky
   Region : IV
   Enrollment: 238

3. Grantee : Council of Southern Mountains, McDowell County Chapter
   City : Welch, West Virginia
   Region : III
   Enrollment: 405

4. Grantee : United Community Action Program
   City : Pawnee, Oklahoma
   Region : IV
   Enrollment: 216

Cluster III: Large

1. Grantee : Community Action Program of Oklahoma City and County, Inc.
   City : Oklahoma City, Oklahoma
   Region : VI
   Enrollment: 777

2. Grantee : Economic Opportunities Development Corporation of San Antonio and Bexar County
   City : San Antonio, Texas
   Region : VI
   Enrollment: 800

3. Grantee : Erie County Community Action Program
   City : Buffalo, New York
   Region : II
   Enrollment: 767

4. Grantee : Tri-County Community Action, Inc.
   City : Laurinsburg, North Carolina
   Region : IV
   Enrollment: 648

Cluster IV; Extra Large

1. Grantee : Council of Economic Opportunities in Greater Cleveland
   City : Cleveland, Ohio
   Region : V
   Enrollment: 1,302

2. Grantee : Greater Los Angeles Community Action Agency
   City : Los Angeles, California
   Region : IX
   Enrollment: 7,556

Regular Head Start Programs Visited in Second Round

1. Grantee : Big Sandy Community Action Program
   City : Pikeville, Kentucky
   Region : IV
   Enrollment: 586

2. Grantee : Coastal Economic Development Corporation
   City : Bath, Maine
   Region : I
   Enrollment: 125

3. Grantee : Hastings College Head Start
   City : Hastings, Nebraska
   Region : VII
   Enrollment: 40

4. Grantee : John F. Kennedy Family Service Center
   City : Charlestown, Massachusetts
   Region : I
   Enrollment: 108

5. Grantee : Mecker-Wright Community Action, Inc.
   City : Waverly, Minnesota
   Region : V
   Enrollment: 93

6. Grantee : Mid-Sioux Opportunity
   City : Remson, Iowa
   Region : VII
   Enrollment: 128

7. Grantee : Mingo County Economic Opportunity Commission,, Inc.
   City : Williamson, West Virginia
   Region : III
   Enrollment: 320

8. Grantee : Multi CAP
   City : Charleston, West Virginia
   Region : III
   Enrollment: 60

9. Grantee : PROP Head Start
   City : Portland, Maine
   Region : I
   Enrollment: 132

10. Grantee : Seattle-King County Head Start Program
    City : Seattle, Washington
    Region : X
    Enrollment: 143

11. Grantee : Sullivan-Cheshire County Community Action Association
    City : Keene, New Hampshire
    Region : I
    Enrollment: 120

12. Grantee : Talladega-Clay-Randolph Area Community Action Committee, Inc.
    City : Talladega, Alabama
    Region : IV
    Enrollment: 80

13. Grantee : Tulare County Dept. of Education/Child Care Educ. Program
    City : Visalia, California
    Region : IX
    Enrollment: 563

14. Grantee : United Community Corporation
    City : Newark, New Jersey
    Region : II
    Enrollment: 1900

15. Grantee : Washington State College--District 17
    City : Spokane, Washington
    Region : X
    Enrollment: 183

16. Grantee : Watauga-Avery-Mitchell-Yancey (WAMY) Community Action Agency
    City : Boone, North Carolina
    Region : IV
    Enrollment: 95

Cluster II: Medium

1. Grantee : A.C.T.I.O.N., Inc.
   City : South Bend, Indiana
   Region : V
   Enrollment: 600

2. Grantee : Capital Area Economic Opportunity Program
   City : Lansing, Michigan
   Region : V
   Enrollment: 455

3. Grantee : City of Chattanooga Human Services Department
   City : Chattanooga, Tennessee
   Region : IV
   Enrollment: 240

4. Grantee : Community Services Association (CSA)
   City : Jackson, Mississippi
   Region : IV
   Enrollment: 900

5. Grantee : East Central Arkansas Economic Opportunity Corporation
   City : Forrest City, Arkansas
   Region : VI
   Enrollment: 300

6. Grantee : Economic Opportunity Board of Washoe County
   City : Reno, Nevada
   Region : IX
   Enrollment: 80

7. Grantee : Fresno County Economic Opportunity Commission
   City : Fresno, California
   Region : IX
   Enrollment: 32

8. Grantee : Livingston-Byrdville Jamestown-Cookeville Development Corporation
   City : Monterey, Tennessee
   Region : IV
   Enrollment: 475

9. Grantee : Lower Chattahoochie Community Action Agency
   City : Columbus, Georgia
   Region : IV
   Enrollment: 100

10. Grantee : Upper Arkansas Council of Governments
    City : Canon City, Colorado
    Region : VIII
    Enrollment: 55

Cluster III: Large

1. Grantee : Adams Jefferson Improvement Corporation
   City : Natchez, Mississippi
   Region : IV
   Enrollment: 500

2. Grantee : Cocopah Tribal Council
   City : Somerton, Arizona
   Region : XI
   Enrollment: 18

3. Grantee : Economic Opportunity Council of Reading and Brooks County
   City : Reading, Pennsylvania
   Region : III
   Enrollment: 224

4. Grantee : Hudson Board of Education
   City : Hudson, New York
   Region : II
   Enrollment: 30

5. Grantee : Hunts Point Coordinating Council
   City : Bronx, New York
   Region : II
   Enrollment: 76

6. Grantee : Muckleshoot Tribal Council
   City : Auburn, Washington
   Region : XI
   Enrollment: 33

7. Grantee : Oakland County Office of Economic Opportunity
   City : Pontiac, Michigan
   Region : VIII
   Enrollment: 240

8. Grantee : Oglela Sioux Tribe Head Start
   City : Pine Ridge, South Dakota
   Region : XI
   Enrollment: 200

9. Grantee : Scranton Lackawanna Human Development Agency, Incorporated
   City : Scranton, Pennsylvania
   Region : III
   Enrollment: 112

10. Grantee : Slashed Pine Community Action Agency
    City : Waycross, Georgia
    Region : IV
    Enrollment: 289

Experimental Programs

1. Grantee : ADCO Improvement Association
   City : Brighton, Colorado
   Region : VII
   Enrollment: 320

2. Grantee : Alaska Association for Crippled Children and Adults, Inc.
   City : Anchorage, Alaska
   Region : X
   Enrollment: Approximately 1100

3. Grantee : Chapel Hill-Carrboro City Schools
   City : Chapel Hill, North Carolina
   Region : IV
   Enrollment: Training services to 5,878
   7 children - Project Demonstration Center

4. Grantee : Cooperative Educational Service Agency No. 12
   City : Portage, Washington
   Region : V
   Enrollment: Approximately 180

5. Grantee : Crow Indian Reservation
   City : Crow Agency, Montana
   Region :
   Enrollment: 225

6. Grantee : East Central Kansas Economic Opportunity Corporation, Inc.
   City : Ottawa, Kansas
   Region : VII
   Enrollment: 118

7. Grantee : Kibois Community Action Foundation, Inc (CAF)
   City : Stigler, Oklahoma
   Region : VI
   Enrollment: 800

8. Grantee : Liberty County School Board
   City : Bristol, Florida
   Region : IV
   Enrollment: 55

9. Grantee : Minnesota Department of Education
   City : St. Paul, Minnesota
   Region : V
   Enrollment: 85

10. Grantee : Opportunities for Otsego, Inc.
    City : Cooperstown, New York
    Region : II
    Enrollment: 86

11. Grantee : People's Regional Opportunity Program (PROP)
    City : Portland, Maine
    Region : I
    Enrollment: 132

12. Grantee : Southeastern Tidewater Opportunity Project--
    THE STOP ORGANIZATION
    City : Norfolk, Virginia
    Region : III
    Enrollment: 450

13. Grantee : The Committee for Economic Opportunity, Inc.
    City : Tucson, Arizona
    Region : IX
    Enrollment: Approximately 800

14. Grantee : University of Washington
    City : Seattle, Washington
    Region : X
    Enrollment: 270

Non-Head Start Exemplary Programs

1. A Community Model for Developmental Therapy and Neighborhood Follow-Through
   University of Georgia
   Athens, Georgia
   Director: Dr. Mary M. Wood

2. A Model Preschool Center for Handicapped Children with Professional Training, Research, and Service Components
   Seattle, Washington
   Director: Dr. Alice H. Hayden

3. A Model Preschool Program for Mentally Retarded, Seriously Emotionally Disturbed, and Speech Impaired Handicapped Children in Southwest Arkansas
   Magnolia, Arkansas
   Director: Miss Louise Phillips

4. Hacking-Athens-Perry County Comprehensive Child Development Center
   Athens, Ohio
   Director: Mr. Michael Franton

5. Julia Ann Singer Preschool Psychiatric Center
   Los Angeles, California
   Director: Dr. Frank S. Williams

6. Precise Early Education of Children with Handicaps (PEECH)
   University of Illinois
   Champaign, Illinois
   Director: Dr. Merle B. Karnes

7. Resurrection Preschool
   Alexandria, Virginia
   Director: Ms. Winifred G. Anderson

8. Salvin School Program
   Los Angeles, California
   Principal: Rose Engel

9. Toddler Research and Intervention Project
   Institute on Mental Retardation and Intellectual Development
   George Peabody College for Teachers
   Nashville, Tennessee
   Directors: Diane and William Bricker

10. Vista Larga Therapeutic School Project
    Albuquerque, New Mexico
    Director: Ms. Julianne Lockwood

APPENDIX C

REFLECTIONS ON SITE VISIT DATA AND RELATED ISSUES:

MINUTES FROM SENIOR CONSULTANT GROUP MEETINGS

At the beginning of this project, a panel of distinguished educators and psychologists, knowledgeable in the areas of special education and early childhood, was selected to reflect on the Task III site visit data and related issues and to aid project staff in the formulation of policy recommendations for the Head Start handicapped effort. The initial group of 10 included the following:

Burton Blatt, Chairman of the Senior Consultant Panel, Syracuse University
Frank Garfunkel of Boston University
John Johnson, Director of the Psychoeducational Institute at the Hillcrest Children's Center in Washington
Jerome Kagan of Harvard University
Merle Karnes of the University of Illinois
Edward Newman of Linton Mields Caston in Washington, D.C.
Julius Richmond of the Judge Baker Guidance Center of Boston, Massachusetts
Seymour Sarason of Yale University
Howard Spicker of Indiana University
Wolf Wolfensburger of Syracuse University

The panel met three times over the course of the project year, in September 1973, and February and June of 1974. Most of the project staff and field observers attended all of the meetings; and in addition, interested professionals were invited to sit in and participate. The following section includes lists of those who attended and the meetings and summaries of the discussions that were prepared by Dr. Burton Blatt after each of the sessions.

Minutes of the First Senior Consultant Group Meeting
September 13-14, 1973

Members Present:			
	Bill Beneville	Helen Howerton	Russ Rice
	Marcia Beneville	John Johnson	Dan Sage
	Burton Blatt	Merle Karnes	Seymour Sarason
	Alan Bogatay	Lenny Lempel	Howard Spicker
	Bob Bogdan	Tom Miller	Dan Vasgird
	Gail Ensher	David Nason	Wolf Wolfensberger
	Frank Garfunkel	Ed Newman	

Burt Blatt opened the meeting with a brief presentation on his views of the mission and range of activities of the panel. Essentially, this group is asked during the course of one year to examine data, receive oral and written reports, meet with groups and individuals, possibly make site visits to actual field settings, and eventually prepare a statement of policy recommendations relating to the nature and extent of participation of handicapped children in Head Start programs. This statement of policy will be submitted to the Project Director, Alan Bogatay, and Syracuse University Co-Manager, Gail Ensher. Hopefully, this statement of policy will reflect the findings of our study and, beyond that, will give the Office of Child Development (OCD) and the Nation a clearer conception of the effects to date and the potentials of the 1972 federal legislation mandating that 10 percent of all Head Start programs must offer services to handicapped children.

It is our expectation that the panel will meet four times during this year. During these meetings, there will be opportunities for the project staff to present to you the results of their field studies, their analyses of data

collected, and the problems that will inevitably occur from time to time and that you might help to resolve.

As representatives of Systems Research, Incorporated (SRI) Alan Bogatay and Selcuk Ozgediz described SRI, reviewed the history that brought the organization into collaboration with Syracuse University, and overviewed the nature of our research project. SRI is a consultant firm consisting of 60 professional full-time employees, approximately half of these on government contracts. The firm's home offices are in Lansing, Michigan, with other offices in Washington D. C. and Boston. Its collaboration with Syracuse University is fully in keeping with the "idea" of the agency.

Mr. Bogatay outlined the six tasks of the project:

(a) Design of an information system for annually reporting to Congress

(b) Collection of additional information for Congressional report through utilization of a national questionnaire

(c) Assessment of Head Start programs in terms of what they are doing, in general, and for the handicapped specifically

(d) Cost analysis

(e) The development of a statement of basic policy

(f) Evaluation of the Head Start effort for the handicapped.

Helen Howerton of the Office of Child Development then discussed their long-term interest in handicapped children and the ever increasing emphasis on their integration in the variety of programs they sponsor. This mission on behalf of the handicapped is, although not new, for the first time OCD has taken an in depth look at the handicapped who are in Head Start and what OCD is doing to facilitate services to these children. Mrs. Howerton was asked a variety of questions, the following representing those we spent the greatest time discussing: the meaning and importance of the 10 percent criterion; the priority of integration as a concept; the scope of services presently being delivered; the involvement of the severely handicapped, and their relationship to efforts of the past; and the relationship of summer to full-year programs.

Gail Ensher, Syracuse Project Co-Manager, overviewed some of the problems and issues, beginning with definitions of the handicapped. Considerable discussion ensued concerning that problem, selection of visitation sites, methodologies for

data collection (open versus structured observational system), and the areas of inquiry we should pursue.

Bob Bogdan, who will coordinate our observational studies of regular, experimental, and exemplary programs, spoke about the approach we will be using. A rather long discussion, and debate at times, developed--one that we returned to from time to time during the two day meetings.

Dan Sage, the fourth Syracuse University Professor on this project, will be responsible for a portion of the cost analysis. He noted that there are few, if any, usable analyses of costs in this field. We have developed good intentions as to how we can improve on the work of such predecessors as Rossmiller, and others. However, the cost analysis task is a very difficult one that will be shared with SRI and, hopefully, will lead to methods to estimate costs of services and, eventually, the preparation of a Cost Guidance Manual. Discussion followed Dan Sage's presentation with questions concerning the costs of integrating children, how costs can be related to benefits, and what cost data will be collected.

The afternoon session began with Burt Blatt's summary of the major questions raised in the morning session:

(a) The definitional questions: What is handicap? Who are handicapped?

(b) The 10 percent issue.

(c) Integration: What is it? How does it relate to the "10 percent issue"? How do you define it?

(d) Selection of programs for Task III: Generalizability versus specifics.

(e) Participant observation: The methodology or methodologies.

(f) Areas of inquiry, e.g. parent involvement, diagnosis.

(g) Cost benefits.

Seymour Sarason asked some questions and made several comments concerning the entire strategy of the effort, the possible consequences of legislating 10 percent participation by handicapped children. Wolf Wolfensberger asked what alternatives there would be to legislating such integration. A long, fruitful debate ensued, involving the aforementioned and Sage, Newman, Spicker, with consultation from Helen Howerton, and an eventual examination of the legislation itself by committee members. John Johnson noted that Congress, in fact, legislated the quota.

Further, we don't know what happens as a result of such quotas, how programs address themselves to such research questions, the relationship between specialized and general services, model and exemplary programs, and, again, the concept of integration (which Merle Karnes returned us to). Frank Garfunkel opened a new area of discussion: exclusion and inclusion of children in programs, and their relationship to policy guidelines. Sarason expressed some concern about our capability to collect the kinds of data under discussion. Again, we entered into a rather long and complex discussion of definitions of the handicapped (which we returned to continually), exclusion of children from programs, what is and isn't mandated by society, the demography of the problem, allocation of resources, segregation versus integration. All of the panel members joined in, some quite vigorously.

During the next day, a major portion of our activities were concerned with selection of sites, training of observers, the observational methodology, the utilization of formal and informal instruments, and the general concept of participant observation and a sociological perspective to data collection in complex

settings. There was much discussion about the above matters and, while there appeared to be fair agreement on most issues, there remained certain issues that resisted a consolidated viewpoint. Essentially, there were some panel members who felt that a relatively unstructured participant observation approach would provide us with the most comprehensive and helpful data of these very complex Head Start settings. On the other hand, others felt that we must focus our observations in a more structured manner. Because of time limitations, the modest training of field observers, the enormous tasks before us, these latter colleagues suggested that we should design an observational schedule that would include both the collection of structured and unstructured data. The project staff and, especially, Bob Bogdan agreed to take all of these comments into consideration as we move ahead with the training of field observers, the final selection of field sites, the implementation of the first round of site visits, and the data analysis.

The remainder of the last day was devoted to the review of several of the concept papers that had been prepared for the meeting. Again, we returned to the

areas of inquiry that OCD wishes us to address, the specifics of each task and how we intend to study them.

Before we concluded panel deliberations, we spent about an hour discussing the planning for our next consultants' meeting. We agreed that it would be most beneficial to meet in mid-February, 1974, after the summer and full-year questionnaires have been analyzed, and after field visitors had made their first round of observations. The panel Chairman noted that he will be in communication with the panel from time to time and, prior to our next meeting, will send panel members: background material from the Office of Child Development, minutes of this meeting, and possibly other relevant materials. During our February meeting, we will have an opportunity to review the data obtained from the field visitations and questionnaires, discuss the hypotheses generated from these data, and possibly review position or study papers prepared by the project staff.

Minutes of the Second Senior Consultant Group Meeting
February 14-15, 1974

Members Present:			
	Bill Beneville	Frank Garfunkel	Russ Rice
	Marcia Beneville	Helen Howerton	Dan Sage
	Burton Blatt	John Johnson	Seymour Sarason
	Alan Bogatay	Merle Karnes	Howard Spicker
	Bob Bogdan	Lenny Lempel	Dan Vasgird
	Gail Ensher	Ed Newman	Wolf Wolfensberger

Discussion on February 14

Burt Blatt convened the meeting at 10:00. In his preliminary remarks, he referred to "bounty hunters who recruit handicapped children for public schools in some states. Head Start, the most integrated school system in the United States, is confronted with two problems in dealing with handicapped children and the mandate. The first issue concerns enrolling in the Head Start program; the second concerns the 10 percent quota and labeling the handicapped as such. Who are the handicapped? Of all the children included in the 10 percent quota, who among them are new and who are being re-labeled as handicapped? Maybe the 10 percent quota will encourage a kind of bounty-hunting. Above all, it is important to note that the central issue involved here is exclusion-exemption rather than integration-segregation.

The second order of business was the approval of the minutes from the September 13 - 14 Consultant meeting. There are two corrections: (a) page one, end of second paragraph should read "10 percent of all enrolled children in Head Start must be handicapped children"; (b) on page three, beginning of final paragraph, the words "A discussion of" should be inserted between "concerned with" and "selection

of sites." Burt suggested a vote on approval of the minutes which led to a discussion on voting procedure and the role of the consultants. It was decided to drop the vote and move ahead with the agenda.

Alan Bogatay outlined the details of SRI questionnaire procedures. Basically, the Full-Year survey had the same form and content as the summer survey. It was sent to all grantee agencies and delegate agencies (about 1,700) in the United States with 20 questionnaires hand-delivered to the 20 largest Head Start programs. Head Start staff assisted these programs in completing the questionnaire follow-up by letters, postcards, and phone calls every two weeks took place in order to maximize the number of respondents. A preliminary report was prepared by December 21, based on approximately half of all questionnaires returned. In late January, a random sample of 125 programs was contacted in order to verify the data. Approximately 1,350 programs (delegate or grantee agency) have responded so far, and it is Alan's opinion that this response rate is high.

The report to Congress involves three dimensions: (a) the number of handicapped children in Head Start; (b) their handicapping conditions; (c) services offered to them by Head Start. With regard to the first dimension,

Alan stated that, as of December, 1973, 29,000 handicapped children were enrolled in Head Start programs. This figure is in contrast to a reported 15,000 handicapped children enrolled in Head Start last year. The figure of 29,000 is 10.1 percent of all children enrolled in Head Start. Alan emphasized that 29,000 reflects those children reported to be handicapped by professionals in agencies. About 5,000 more are in the process of being diagnosed and 4,000 are not yet diagnosed. Thus, the 10.1 percent could rise as high as 13.2 percent. Nine out of 10 Head Start programs have at least one handicapped child.

The discussion then focused on why children were turned away from Head Start programs. Alan mentioned that 50 percent of the respondents reported that they had turned away at least one handicapped child. Their most frequent response as to the reason for turning away children was that the family did not meet the income guidelines and fee schedule. Other agencies already serving children was the second most frequent answer. A long discussion followed concerning this issue.

Alan then presented figures on the percentages of handicapped conditions occurring in children. Discussion centered around the differences between handicapping

conditions versus behaviors exhibited by handicapped children. It was reported that 53 percent of the agencies required little or no special assistance with handicapped children. The term "service" in the survey was used very broadly, e.g. defining the experiences of integration in Head Start as a "service." Services included integration, training, equipment and materials, modification of existing physical facilities, special diagnostic services and other services. Helen Howerton pointed out that the survey was taken in October and November, only one month after the mandate, and most agencies struggled with the time element in providing services.

Lunch and a brief question and answer period followed Alan's presentation. Next on the agenda was Bob Bogdan, who initiated a discussion of preliminary findings. Fifteen observers visited a total of 27 programs in teams of two, spending three to four days at each site. Of these 27 sites, 11 were experimental and 16 regular Head Start programs. In addition, approximately 50 case studies of children were done. Within the limitations of the program and the site visits, a number of hypotheses were drawn up and discussed by the consultants.

1. A great majority of children designated as handicapped are mildly handicapped, with speech impairment being the largest category.

2. A definitional problem remains; hence, there is an epidemiological problem too. There exists the same difficulty in the field as among the research staff; in some programs "handicap" was an administrative designation rather than one grounded in a clinical perspective.

3. All Head Start staffs report that they have always served handicapped children, and with the exception of severely handicapped, they view this as their ongoing responsibility. In retrospect, they have not changed their basic population; more children are now being designated than heretofore.

4. Planning efforts have, heretofore, been an identification and diagnosis of handicapped children.

5. The great majority of children are identified and enrolled through a regular Head Start process; there appears to have been a significant professional effort by Head Start to both identify and diagnose.

6. A few Head Start programs are considering the development of special centers or classes for the handicapped.

7. Head Start staffs have positive attitudes vis-a-vis the inclusion of handicapped children in Head Start programs, in spite of negative attitudes toward the mandate itself.

8. The children in Head Start had the least difficulty in welcoming the handicapped in programs and in dealing with ensuing problems.

9. Parents express very positive attitudes toward the handicapped effort.

10. There was an increase in involvement with other community agencies, but it appeared to be the continuation of earlier developed models. Community agencies, however, have mixed reactions to the handicapped effort in Head Start, i.e., "integration is fine, but . . ." Essentially so-called "handicap agencies" do not believe that Head Start can serve the severely and moderately handicapped.

11. Some children are "kept" in Head Start programs after the ordinary age for public school admission; others are even excluded from public school <u>to</u> Head Start. POLICY ISSUE.

12. There may be problems vis-a-vis the reputation of Head Start agencies to deal effectively with the handicapped.

Following Bob Bogdan's presentation was a break of about 20 minutes, after which Burt Blatt gave a brief summary of what had been discussed that day. This led into a general discussion about some of the inconsistencies found in the field and by Head Start staffs. One point mentioned was that the government feels that services to the handicapped must be legislated, and the Head Start programs claim the mandate is not necessary. In other words, they are already providing such services. A second question brought out at this time was: Is there a commitment to serve a group more severely handicapped than those currently being served?

Discussion then focused on recommendations for the second round of site visits. One inconsistency to look for in these visits was the use of the term "handicapped" among Head Start programs ("handicapped" can be defined from both a functional and an ideological viewpoint). Howard Spicker suggested looking at specific behavioral variables in handicapped children and determining the circumstances under which the severely handicapped can best be served by Head Start, and those circumstances under which agencies can best serve those children. Would any more support services be needed, such as home teaching programs, for the severely

impaired? Alan then suggested three policy issues we should be concerned with:

(a) Who should Head Start serve?

(b) What role should Head Start play? (integrator, referral service, etc.)

(c) If Head Start serves children in the role of integrator, how can this best be done?

The meeting concluded at 4:40 p.m.

Discussion on February 15

It was decided to dispense with Gail Ensher's presentation on experimental programs since there was a general feeling of wanting to discuss rather than listen to more presentations. Burt Blatt recommended that we discuss policy matters and somehow fit in Dan Sage's presentation on cost.

Wolf Wolfensberger made a five minute statement reflecting his feelings about the report and the discussion thus far at the meeting. Although he praised the wording of the draft, Wolf felt that there has been little concern in this project for the delivery of behavioral changes in the children. Head Start, in his words, was more oriented to the process rather than to the outcome. Much discussion followed this statement. Howard mentioned that some of the BEH experimental projects required behavioral objectives to be stated with a follow-up on such objectives. Frank Garfunkel questioned Wolf's view on what to base the Head Start program. Bill Beneville felt that we have to look beyond the change in children in Head Start programs as opposed to their not being enrolled previously in the program. In other words, perhaps in the second round of

visits, the observers could look for behavioral changes in children within the program itself. There was a general feeling of needing to spend more time, during the second round of visits, in the classrooms and with the parents.

In response to Wolf's statement, Burt stated his understanding that the purpose of the study is to determine whether children are integrated in Head Start programs and whether or not community attitudes toward integration have changed. Helen then added that the thrust of Task VI would be on evaluation of Head Start efforts toward handicapped children and determining the full range of intended outcomes.

The second round of visits will encompass 50-plus programs, 18 of which are exemplary programs. There is enough flexibility in the choice of what centers to visit to allow for a second visit to some programs in order to view changes. Approximately two to two and one-half days will be spent per program on site visits.

Alan raised a number of specific policy questions to be dealt with in the second round of visits. These questions read as follows:

(a) What children can (should) be included in Head Start?

(b) What role should Head Start play for the handicapped?

(c) What can be done to improve the Head Start performance in their role with respect to the handicapped (to enhance what they define or state to be their role)?

(d) How can specimen settings be described?

if the issue is exclusion, we need to know some to these questions:

(a) What children are now in Head Start?

(b) Who are excluded? Why?

(c) Are excluded children (or those like them) served elsewhere?

(d) What are the sub-systems like? Or, what are individual children like?

(e) What is the relationship between professional training and program "quality" re: integration?

(f) What is the relationship between "hard" and "qualitative" data?

(g) Are there more handicapped in Head Start since 1972-73?

(h) Has the mandate had an effect on the Head Start program regardless of the number increase or decrease?

In conjunction with the above questions, the following hypotheses were raised:

(a) Head Start children are integrated. Exclusion is the central issue.

(b) The 10 percent mandate is regressive re: unnecessary labeling, staff and family confusion.

(c) Support systems enhance the integration of the handicapped in Head Start.

(d) Mildly handicapped can be integrated in Head Start without unusual special services.

Based on what had been presented in the meetings and in the draft, we then turned to speculate about the mandate. Helen asked what would occur if the mandate were dropped. And if dropped, is there another method for the Head Start program to enhance the integration of handicapped children? An incentive system? An evaluative procedure? Some discussion on these speculations took place before lunch.

During lunch Dan Sage presented information on costs, and the meeting was concluded with a look at the future plans of the project and the future of Head Start agencies and programs.

Minutes of the Third Senior Consultant Group Meeting

June 20-21, 1974

Members Present:

Bill Beneville	Merle Karnes
Marcia Beneville	Leonard Lempel
Burton Blatt	Tom Miller
Alan Bogatay	Ed Newman
Bob Bogdan	Selcuk Ozgediz
Gail Ensher	Dan Sage
Frank Garfunkel	Dan Vasgird
Sandra Haynes	Wolf Wolfensberger

Observers Present: Marge McDonald
Dean David Krathwohl (Thursday only)
Dr. Robert Austin (Thursday only)
Nancy Hunterton

During the first day, the consultant group and staff identified several policy issues for discussion. These included the following:

(a) The 10 percent mandate

(b) Developmental needs of eligible Head Start children

(c) Regionalization (operationalize) of the mandate, i.e., the mandate cannot be monitored on a program by program basis, needs something like the "bank concept" and the "Inspector General" concept on a center-regional basis

(d) Definitional issue, re: handicap, disability, impairment (Description of behavior that refers to the target population)

(e) "Fair share" of financing program for the handicapped (What does it all cost?)

(f) Special services that are needed

(g) Integration

(h) The conceptualization of Head Start as a step toward universal early education

(i) Inclusion of the handicapped

(j) Politicalization and organization of parent groups/administrative leadership

(k) Consumer representation on policy boards

In a staff meeting on Friday, prior to the second session of the Senior Consultant Group, we identified seven key questions for subsequent discussion. The questions were:

(a) What is the mandate: targeted population, philosophy, and services?

(b) How many children are estimated to be included in the targeted pouplation?

(c) What is Head Start's role with respect to the mandated population?

(d) What are the elements of an exemplary program for Head Start handicapped children?

(e) What is the future for Head Start and the handicapped effort?

(f) How should necessary resources for the Head Start handicapped effort be secured?

(g) How should the Head Start handicapped effort be held accountable to the public?

The following is a summary of the discussion about each of these questions.

Question 1: <u>What is the mandate?</u>

Wolf Wolfensberger began the discussion with a suggestion that we should be aiming at the "high-risk" population and that strategies should be built in to give highest priority to that highest risk group.

John Johnson raised a question about the kinds of descriptions that we would have to come up with in defining this targeted population.

Ed Newman responded to that question with the suggestion that we should not use statements that are going to exclude children. He went on to outline three points that he thought we ought to consider in this first statement about policy:

(a) We need to be concerned with "intent."

(b) We need to respond to the question of what Head Start can do for these kinds of "deviants."

(c) We need to think about the extent to which Head Start is a "case finder" or a "referer." Ed Newman indicated that, if nothing else, that is an important role. He also suggested that we should use a "process approach" in our statement about the mandate.

John Johnson then raised another important question: Are we talking about services to all children, irrespective of the seriousness of the impairment? Stated in another way, are we in agreement that Head Start should serve all children who are eligible within the income guidelines?

Wolf Wolfensberger responded to that point with the comment that we have to be realistic about the number of children who could be included. He suggested that they would have to be phased in and that we really couldn't talk about doing all of this in the first year.

Considerable discussion followed about John Johnson's question. Burt Blatt then tried to get the group to reach consensus on this point: Should the

policy statement start with a statement about long-term universal early childhood education for all children?

John Johnson and Frank Garfunkel both disagreed, indicating that we should speak to the group who are eligible for Head Start.

Ed Newman followed-up with another suggestion that we should start with a position that preschool enrichment programs are "a good." At the same time, we want to get at children who need this service the most.

Bob Bogdan suggested that we could achieve this only if we have universal education for all.

Wolf Wolfensberger continued: Will we include statements about "the non-poor or rich?"

The group responded that we were really talking about "compensatory education within compensatory education." A child must be poor in order to be included in Head Start but, if handicapped, perhaps not as poor.

Selcuk Ozgediz offered the suggestion that this problem could be easily resolved with a fee schedule or a similar arrangement.

Burt Blatt asked: "Should the 10 percent non-poor eligibility guidelines be applied to the handicapped?" The group disagreed.

John Johnson suggested that we need a statement about income and how we define the most handicapped.

Ed Newman then suggested that we use the phrase: "Who need and could most benefit from" (i.e., "benefit from" should be operationalized).

Burt Blatt finally brought the group to agree on this point: The mandate will not deny universal education but will not pursue this point in any detail.

Burt Blatt then changed the topic of discussion. He raised this question with the group: Should we define categorical groups or present services?

Ed Newman and Frank Garfunkel said that we should use a "procedural" definition, i.e., describe the procedures and process.

Bob Bogdan added that we should describe the services that are needed; there should be an emphasis on serving children.

Dan Sage raised a question: "Shouldn't policy include documentation that services have not been denied?

Frank Garfunkel said that he thought that "certification of handicap" should include two components:

(a) Examinations that lead to definitions of handicap

(b) Documentation of services that are meeting the special needs of children

Frank Garfunkel added later in the discussion that the policy statement should include an affirmative action paradigm, e.g., What agencies are you going to use? Should there be an affirmative action coordinator? The paradigm should include a five-year plan.

The group generally agreed that descriptions of behavior, rather than categorical groups, should be included in the policy statement. This concluded the discussion on this question.

Question 2. <u>How many children are estimated to be included in the target population</u>?

Burt Blatt opened the discussion with a brief statement of this issue: Should the legislative mandate continue to require an inclusion of 10 percent handicapped children or should it be changed to approximately three percent?

Bob Bogdan stressed that we should discuss enrichment in the whole program. Merle Karnes followed-up on that point, saying that we should not exclude mildly

and moderately handicapped from possibilities of obtaining Head Start services.

Frank Garfunkel then made a couple of suggestions. He said that we should be using a figure that is going to give the community the most realistic basis. Secondly, we should describe different groups, then really put teeth into the statement for the severely handicapped (severely should be footnoted). He thought that we could support a three, four, or five percent figure.

Merle Karnes then made another suggestion: Perhaps we shouldn't throw out the 10 percent mandate but simply emphasize the three percent for the severely handicapped.

Selcuk Ozgediz raised a question at this point: Are you going to apply a uniform requirement? Frank Garfunkel responded, saying that separate statements should be made about the 3 and 10 percent requirements and that these should be applied on a regional basis.

Wolf Wolfensberger disagreed with the tenor of some of this discussion, maintaining that we ought to be laying out the options, but not making conclusive decisions on all of these issues.

Question 3. <u>What is Head Start's role with respect to the mandated population</u>?

Bob Bogdan and Burt Blatt opened this discussion with a statement of the key issue here: What is Head Start's role as a primary and as a secondary agency?

John Johnson indicated that we should spell out these roles at the national, regional, and local levels.

Burt Blatt then raised the question of whether we should say anything about the role of OCD? Alan Bogatay took the question one step further: Should the federal government be in the business of providing for the preschool, handicapped population or should those services be provided at the state level? We decided that these issues were related to the question of the future of Head Start, and thus dropped the discussion at this point.

Question 4. <u>What are the elements of an exemplary program for Head Start handicapped children</u>?

Gail Ensher opened the discussion on this question, suggesting that our policy statement should include consideration of at least these four elements?

(a) Integration

(b) Parent involvement

(c) Community agency involvement

(d) Training and technical assistance

Merle Karnes suggested that we might want to add something about identification and diagnosis, if those were not included in the four elements. Also, Burt Blatt said that he thought we might want to include a special statement about leadership.

John Johnson suggested that we probably should say something about the education of parents of non-handicapped children.

Also, the group agreed that training and technical assistance for Head Start staffs need to be "localized" and "regionalized."

Wolf Wolfensberger suggested then that there need to be "consultancies" for the training and technical assistance efforts.

Question 5. What is the future for Head Start?

Burt Blatt asked whether or not we were going to deal with this question in the policy statement. It was the consensus of the group that we should.

The group was in agreement that there should be continued federal support, with regionalized assistance. Most of the consultants also thought that there was a need

for an "advisory board" at the national level. Ed Newman suggested that this board should serve as an outside vehicle which would have access to the Head Start directors.

Wolf Wolfensberger noted that the programs should have local power and a community identity. Head Start ought to take responsibility when there are no services and participate when there are.

One key question that arose from the discussion was this: How should the federal government be involved?

John Johnson suggested that there should be a statement about a directed plan for change, i.e., the shift from the federal to regional and local level. There should be an emphasis on state and local support. Frank Garfunkel put it this way: There should be state involvement in mandatory education.

Question 6. <u>How should necessary resources for the Head Start handicapped be secured</u>?

Stated in general terms, this question relates to issues of cost in securing services for the handicapped effort. Dan Sage stated the question: What procedures could be used for getting appropriate services?

Ed Newman suggested that the plan to be developed for getting services that programs need should be "an aggregate of individual plans."

This question is related to the third question above. Again, the group emphasized that the Washington effort must not decrease.

Question 7. How should the Head Start handicapped effort be held accountable to the public?

Selcuk Ozgediz opened discussion of this last question with a presentation of three alternatives:

(a) Perhaps there should be no accountability.

(b) The programs should be self-accountable in accordance with the performance standards.

(c) A new system should be developed.

Ed Newman then suggested that there should be accountability upward and downward. There should be consumer and community accountability. Later in the discussion he moved on to another question: Should there be more accountability for the handicapped than for the Head Start program, in general?

John Johnson asked: To whom should Head Start now be accountable? Traditionally, this has been to parents.

Wolf Wolfensberger added that Head Start needs to have input from a consumer group that does not have involvement.

Ed Newman then outlined three ways that a policy group might act:

(a) Alerting various advocacy groups for the handicapped

(b) Direct line from Washington

(c) Advisory group to have accountability

Selcuk Ozgediz suggested that OCD would want programs to be accountable to the National and Regional Offices, as well. The question is, which of the groups should be most responsible.

John Johnson continued the discussion with two more points. In our statement, we should:

(a) Lay out how people should be accountable for standards

(b) Spell out some guidelines

At this point the discussion was concluded.

APPENDIX D

INTERVIEW GUIDE USED IN FIRST ROUND VISITS

GENERAL OUTLINE OF CONTENTS OF INTERVIEW
GUIDE USED IN FIRST ROUND OF VISITS

SECTION I. GRANTEE, DELEGATE AGENCY AND CENTER LEVEL INFORMATION

- I.1. Identifying and Background Information
- I.2. The Head Start Process

SECTION II. CHILD-SPECIFIC INFORMATION

- II.1. Identifying and Descriptive Information
- II.2. Expectations of Parents
- II.3. Child and Family Participation in the Head Start Process

SECTION III. COST INFORMATION

- III.1. Location and Access to Cost Information
- III.2. The Accounting System
- III.3. Retrievability of Specific Cost Data
- III.4. Collection of Selected Cost Items

SECTION I. GRANTEE, DELEGATE AGENCY, AND CENTER LEVEL INFORMATION

The following is a content outline of areas of inquiry explored in the first round of field visits with respect to information at grantee, delegate agency, and center levels.

I.1. IDENTIFYING AND BACKGROUND INFORMATION

A. IDENTIFYING INFORMATION

- -Name of grantee, delegate agency, and centers
- -Addresses of grantee, delegate agency, and centers
- -Names of key contact persons at grantee, delegate agency and center levels

B. DESCRIPTION OF GRANTEE, DELEGATE AGENCY, AND CENTER SETTINGS

- -Community resources
- -Nature of population
- -Geographic location
- -Industry
- -Economy

C. ORGANIZATION OF GRANTEE, DELEGATE AGENCY, AND CENTERS

- -Organization chart
- -Size, i.e., numbers of delegate agencies, centers, classes, children served
- -Size of staff
- -Roles and responsibilities of key staff
- -Relationships between grantee and delegate agencies
- -Program options

I.1. IDENTIFYING AND BACKGROUND INFORMATION

D. BRIEF HISTORY AND PREVIOUS ACCOMPLISHMENTS OF GRANTEE, DELEGATE AGENCY, AND CENTERS

- -Length of experience with Head Start
- -Number of children (full-day, part-day, summer)
- -The nature of relationships with community agencies in serving handicapped and typical children since the first year of operation
- -Funding (federal, non-federal, special)
- -Information about the first time program enrolled handicapped children (number, types and severity of handicapping conditions, where, why, groups most influential in promoting handicapped effort)

E. DESCRIPTION OF PRE-MANDATE EFFORTS ON BEHALF OF HANDICAPPED CHILDREN

- -Planning
- -Identification, recruitment, and enrollment process
- -Diagnostic processes
- -Scope of service delivery
- -Integration
- -Parent involvement
- -Staff training
- -Arrangements with community agencies
- -Strengths, special problems of pre-mandate handicapped effort

F. KNOWLEDGE OF PRESCHOOL HANDICAPPED POPULATION AND SPECIAL SERVICES

- -Definitions of handicap
- -Knowledge of preschool handicapped population in service area
- -Knowledge of service needs in providing for handicapped children
- -Knowledge of changes in service patterns since the Congressional mandate
- -Knowledge of public and private agencies capable of providing services to preschool handicapped children and their families

I.2. THE HEAD START PROCESS

A. DESCRIPTION OF START-UP PHASE

Reaction of grantee, delegate agency, and centers to the Congressional mandate

-Sources of notification
-Initial reactions
-Immediate actions taken

Planning

-Description of any plans formulated
-Key personnel involved in planning and their respective roles in facilitating the process (e.g., national, regional, local representatives of other cooperating agencies, local grantees, parents)
-Description of any technical assistance provided for planning
-Any major problems in formulating and operationalizing plans

Start-up activities

-Description of the scope and sequence of start-up activities
-The nature of relationships established with community agencies; their reaction to the Congressional mandate
-The nature and effectiveness of any technical assistance provided in start-up phase
-The nature of parent involvement in start-up activities
-Any major changes in program staffing, organization, or training as a result of the Congressional mandate
-Description of any major problems and strategies developed for their resolution

I.2. THE HEAD START PROCESS

B. DESCRIPTION OF HEAD START ENTRY

Information about handicapped children

- -Number, types of handicapping conditions, severities of impairment of children identified and recruited
- -Number, types of handicapping conditions, severities of impairment of children selected and enrolled
- -Descriptions of any children dropped from programs; reasons for their exclusion

Description of processes of identifying, recruiting, selecting, and enrolling handicapped children

- -Any plans for identifying, recruiting, selecting, and enrolling handicapped children
- -Description of procedures
- -Key personnel participating in identification, recruitment, selection and enrollment processes
- -Any special materials developed for identifying, recruiting, or enrolling handicapped children
- -Selection criteria
- -Satisfaction with identification, recruitment, selection and enrollment processes
- -Any problems faced in identifying, recruiting, selecting or enrolling handicapped children
- -Any significant changes in procedures over the past year
- -Any new and innovative strategies developed for recruitment and selection process

I.2. THE HEAD START PROCESS

C. DESCRIPTION OF SCREENING AND DIAGNOSIS

Information about children

-Numbers of handicapped and typical children evaluated
-Types and severities of disabling conditions of handicapped children evaluated

Initial Screening and Diagnosis

-Any specific plans for screening and diagnosis
-Description of procedures
-Participation of community agencies in diagnostic processes
-Nature of information collected about handicapped children and their families
-Key personnel participating in initial diagnostic processes
-Criteria used to determine services provided to children and their families
-Any significant changes in screening and diagnostic procedures over the past year
-Satisfaction with diagnostic procedures
-Any problems faced in diagnostic process
-Any new and innovative strategies developed for screening and diagnosis

Continuous or periodic evaluation

-The nature of records of ongoing changes in children and their families
-Impact of ongoing evaluation in determining delivery of services to handicapped children and their families

I.2. THE HEAD START PROCESS

D. DESCRIPTION OF DELIVERY OF SERVICES TO HANDICAPPED CHILDREN AND THEIR FAMILIES

Special services

-Any modifications to physical facilities
-Description and use of special equipment and materials purchased for handicapped children
-Description of special services provided directly to handicapped children and their families (i.e., psychological, health, social, other) by Head Start
-Special services provided to handicapped children and their families by community agencies
-Differences in special services provided for handicapped and typical children and their families
-Role of Head Start in the coordination of services of other agencies to handicapped children and their families
-Any new and innovative strategies developed for providing special services

The nature and quality of classroom programs

-Characteristics of programs
-Integration of typical and handicapped children
-Differences in classroom activities for typical and handicapped children
-Any new and innovative strategies developed for integration

Parent involvement in service delivery process

-The nature of parent involvement
-Special contributions of parents of handicapped children
-Any adverse effects of parent participation
-Any new and innovative strategies developed for involving parents

Staff training

-Description of staff training for improving services to handicapped children
-Process of assessment of staff needs
-Any technical assistance provided during staff training
-Additional needs for staff training
-Any new and innovative strategies developed for staff training

Perceived effects of the handicapped effort

-Effects on handicapped enrolled in Head Start
-Effects on typical children enrolled in Head Start
-Effects on staff
-Effects on parents and families of children in Head Start
-Effects on other agencies

E. DESCRIPTION OF POST-HEAD START PLANS

-Description of arrangements made for handicapped children following Head Start
-Arrangements made for families of handicapped children following Head Start
-Key Head Start and community agency personnel involved in making post-Head Start arrangements

SECTION II. CHILD-SPECIFIC INFORMATION

The following is a content outline of areas of inquiry explored in the first round of field visits with respect to individual children and their families.

II.1. IDENTIFYING AND DESCRIPTIVE INFORMATION

A. IDENTIFYING INFORMATION

- -Name of child
- -Home address
- -Names of parents, guardians
- -Name of class attended
- -Address of class attended

B. DESCRIPTION OF CHILD

- -Age and sex
- -Description of handicapping condition(s)
- -Health
- -History of child's problem(s)

C. DESCRIPTION OF CHILD'S FAMILY

- -Family size and number of children
- -Other handicapped children
- -Other children in Head Start
- -Relation of child to parents or guardians
- -Parent occupation and education
- -Number of years living in area
- -Socio-economic, child-specific, and other problems

II.2. EXPECTATIONS OF PARENTS

A. EXPECTATIONS WITH RESPECT TO HANDICAPPED CHILD

- -Current development of child
- -Parent expectations for future development of child
- -Parent awareness of problems
- -Parent expectations for future independence and participation in community

B. EXPECTATIONS WITH RESPECT TO SERVICES PROVIDED BY HEAD START

- -Initial expectations of parents
- -Benefits of child participation in Head Start
- -Benefits of family participation in Head Start
- -Current satisfaction of parents with Head Start services

II.3. CHILD AND FAMILY PARTICIPATION IN THE HEAD START PROCESS

A. DESCRIPTION OF PRE-HEAD START SITUATION

- -Attempts to obtain special services for child
- -Pre-Head Start referrals and evaluations
- -Nature of special services provided for child and family prior to enrollment in Head Start
- -The nature of educational services provided for child prior to Head Start; descriptions of settings
- -Level of parent involvement in pre-Head Start settings
- -Effectiveness of services provided for child and family
- -Satisfaction of parents with services provided
- -Any special problems in obtaining services for handicapped child

II.3. CHILD AND FAMILY PARTICIPATION IN THE HEAD START PROCESS

B. DESCRIPTION OF HEAD START ENTRY, i.e., description of how child entered Head Start

- -Source(s) of notification about available Head Start services
- -Initial contacts with Head Start personnel
- -The nature of information provided about services
- -Initial impressions and reactions of parents during entry stage
- -Reasons for final decision to enroll child

C. DESCRIPTION OF DIAGNOSTIC PROCESSES

- -Description of initial screening and diagnostic procedures used to evaluate child
- -Use of any prior diagnostic information in formulating treatment/service delivery plan developed for child and his family
- -Description of any treatment/service delivery plan developed for child and his family
- -Description of ongoing evaluation procedures
- -Descriptions of any behavioral changes observed since enrollment
- -Any particular difficulties in evaluating problems of the child

D. DESCRIPTION OF DELIVERY OF SERVICES TO CHILD AND FAMILY

Special services

- -Description and use of special equipment and materials purchased for child
- -Description of psychological, health, social, or other special services provided directed to child and his family by Head Start
- -Special services provided to handicapped child and his family by community agencies
- -Any major problems in obtaining special services for child and his family

II.3. CHILD AND FAMILY PARTICIPATION IN THE HEAD START PROCESS

The nature and quality of class program for child

-Description of typical class day for child
-Description of teacher-child interactions
-Description of child interactions with other children in class
-Special class program and activities developed for child
-Description of the extent to which child is separated from the mainstream of class activity, either within the classroom itself or by removal of child from classroom
-Any special problems in developing educational program for child within classroom setting
-Staff arrangements for child

Parent involvement in Head Start Program

-The nature of parent involvement in the Head Start program
-Any special contributions of parents
-Any adverse effects of parent participation

Staff reaction to child and his progress

-Effects of Head Start participation on child
-Effects of child on program

E. DESCRIPTION OF IMMEDIATE AND PROJECTED HEAD START PLANS FOR CHILD

-Any post-Head Start plans for child
-Descriptions of post-Head Start educational settings
-Description of post-Head Start special services arranged for child and his family
-Alternatives yet to be explored in arranging for post-Head Start educational, psychological, social, and health services for child
-Head Start staff involved in arranging for post-Head Start services
-Involvement of parents in making post-Head Start arrangements
-Parent satisfaction with post-Head Start arrangements

SECTION III. COST INFORMATION

The following is an outline of information collected with respect to costs in serving the handicapped.

A. LOCATION OF DETAILED FINANCIAL RECORDS

- -Grantee
- -Delegate agency
- -Center

B. KEY PERSONS MOST FAMILIAR WITH HEAD START FINANCIAL RECORDS/COST EXPERIENCE

- -Director
- -Accountant
- -Other

C. DIFFICULTIES IN ASSESSING SPECIFIC COST DATA

III.2. THE ACCOUNTING SYSTEM

A. DESCRIPTION OF THE BASIC ACCOUNTING SYSTEM

B. FORMAT OF COST RECORDS

- -Line items (list those used)
- -Functional categories (list those used)

C. RECORDS ON CONTRIBUTED RESOURCES

- -Imputed value recorded
- -In-kind vouchers

D. ANY BREAKDOWN BETWEEN REGULAR AND HANDICAPPED

- -Direct costs (on which items)
- -Pro-rated costs (on which items)

III.3. RETRIEVABILITY OF SPECIFIC COST DATA

A. DESCRIPTION OF INFORMATION ON ACTUAL AND IMPUTED MARGINAL COSTS FOR SERVING HANDICAPPED CHILDREN

- -Instructional personnel
- -Instructional equipment
- -Instructional materials
- -Special classroom services
- -Nutritional services
- -Health services
- -Psychological services
- -Other therapeutic services
- -Services to parents and families
- -Transportation
- -Outreach and recruitment
- -Staff development and training
- -Facilities and other occupancy costs
- -Administration

B. DESCRIPTION OF DIFFICULTIES THAT MIGHT BE ENCOUNTERED IN OBTAINING COST DATA

III.4. COLLECTION OF SELECTED COST ITEMS

A. ADDITIONAL COSTS INCURRED (for each of line items listed in section on retrievability of specific cost data)

B. SOURCES OF FUNDS USED FOR EACH OF LINE ITEMS

- -Head Start grant
- -Other federal or state funding
- -Local funding sources
- -In-kind

C. MEANS FOR OBTAINING ITEMS

D. ACCURACY OF DATA

APPENDIX E

QUESTIONNAIRE USED IN SECOND ROUND VISITS

PART I

IDENTIFYING INFORMATION

1. a. Sample number: _____

   b. Cluster (Check one.) (criteria for program selection):

      I. With severely handicapped

      II. With other handicapped

      III. Without any handicapped

   c. Size (Check one):

      Small (1 - 120)

      Medium (121 - 300)

      Large (over 300)

   d. Handicapping conditions represented (Check as appropriate):

      None

      Blindness

      Visual impairment

      Deafness

      Hearing impairment

      Health or developmental impairment

      Physical impairment

      Speech impairment

      Serious emotional disturbance

      Mental retardation

2. a. Name of the observer/interviewer: _____

   b. Dates of the site visit: _____

3. a. What is the name of the grantee agency?

   _____

   _____

3. b. What is the address of the grantee agency?

_____

_____

_____

c. What is the name and telephone number of the executive director of the grantee agency?

Name: _____

Telephone Number: _____ (Area Code) _____

4. a. What is the name of the Head Start director at the grantee agency?

_____

b. What is his/her address and telephone number?

Address: _____

_____

_____

Telephone Number: _____ (Area Code) _____

5. a. Does the grantee agency administer any centers?

No

Yes

b. Does the grantee agency have any delegate agencies?

No

Yes How many? _____

c. What is the total number of centers administered by the grantee and/or delegate agencies?

_____ Number of centers

d. What is the total number of Head Start classrooms in the centers noted in (c) above?

_____ Number of classrooms

e. What is the total 1973-1974 full year Head Start enrollment in the centers noted in (c) above?

_____ Number of children enrolled

5. f. How many of the children noted in (e), above, were professionally diagnosed as handicapped?

_____ Number of handicapped children currently enrolled

6. a. Is the selected program a delegate agency?

No (Go to question 7.)

Yes

b. What is the name of the delegate agency?

_____

_____

c. What is the address of the delegate agency?

_____

_____

_____

d. What is the name of the Head Start director at the delegate agency?

_____

e. What is his/her address and telephone number?

Address: _____

_____

_____

Telephone Number: _____ (Area Code) _____

7. a. What is the number of centers administered by the selected program?

_____ Number of centers

b. Indicate below the number of centers (of the total in 7-a) using each of the program options listed below:

_____ Number of centers using the Standard Head Start Model

7. b. _____ Number of centers using the Variations in Center Attendance Model

_____ Number of centers using the Double Session Model

_____ Number of centers using the Home-Based Model

_____ Number of centers using the Locally Designed Options Model (If any centers are using this model, describe below the nature of the locally designed options.)

_____

_____

_____

_____

PART II

PROGRAM-LEVEL INFORMATION

CONTENTS OF PART II

A. THE MANDATE

B. ATTITUDES

C. DEFINITIONS, DIAGNOSIS, PRESCRIPTION

D. PAST EXPERIENCE

E. STAFF RESOURCES

F. COMMUNITY RESOURCES

G. PHYSICAL FACILITIES

H. FINANCING THE HANDICAPPED EFFORT

I. TRAINING AND TECHNICAL ASSISTANCE

J. PLANNING

K. RECRUITMENT AND ENROLLMENT

L. LINKAGES WITH OTHER PROGRAMS AND THE REGIONAL OFFICE

M. SELF-EVALUATION OF CAPABILITY

N. OBSERVER RATING OF LEADERSHIP/MANAGEMENT EFFECTIVENESS

Check and Describe as Appropriate

1. Official notification from national office
   Official notification from regional office
   Unofficial communication

2. 1 Month
   2 Months
   3 Months
   ___ Other, specify

3. Strongly agree
   Agree
   Neutral
   Disagree
   Strongly disagree

A. THE MANDATE

1. How did you (i.e., your agency) find out about the requirement for Head Start programs to serve handicapped children?

2. When did you find out about this requirement? (Indicate in terms of number of months before or after enrollment began last fall.)

3. How did you feel about the requirement to serve handicapped children? (Indicate level of agreement and initial reactions.)

4. Were parents in your program aware of or informed about the requirement to serve the handicapped? (Check and describe how and when.)

Yes No

4a. Strongly agree
Agree
Neutral
Disagree
Strongly disagree

6a. Strongly agree
Agree
Neutral
Disagree
Strongly disagree

a. What did they think about it? (Indicate level of agreement and initial reactions.)

_____

_____

_____

_____

5. Did parents in your program in any way influence a decision about serving handicapped children? (Check and describe.)

Yes No

_____

_____

_____

_____

6. Were other agencies in your community, who serve handicapped children, aware of this requirement? (Check and describe.)

Yes No

_____

_____

_____

_____

a. What did they think about it? (Indicate level of agreement and initial reactions.)

_____

_____

_____

_____

7. Did any of these agencies influence a decision about serving handicapped children in your program? (Check and describe.)

Yes No

_____

_____

_____

_____

_____

8. Were there any other groups or organizations (e.g., parents of handicapped children, PTA's, local political groups) in your community which influenced a decision about serving handicapped children in your program? (Check and describe.)

Yes No

_____

_____

_____

_____

_____

B. ATTITUDES

Please indicate whether you strongly agree, agree, don't know, disagree or strongly disagree with each of the following statements:

1. "Head Start is not the right kind of setting for serving mildly or moderately handicapped children."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

2. "Head Start is not the right kind of setting for serving severely handicapped children."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

3. a. "Head Start has enough to do in running a program for children who are not handicapped and should not be asked to take on the responsibility of serving mildly or moderately handicapped children."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

b. "Head Start has enough to do in running a program for children who are not handicapped and should not be asked to take on the responsibility of serving severely handicapped children."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

4. a. "Mildly or moderately handicapped children will benefit from being in the same classroom with children who are not handicapped."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

b. "Severely handicapped children will benefit from being in the same classroom with children who are not handicapped."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

5. a. "Children who are not handicapped will benefit from being in the same classroom with mildly or moderately handicapped children."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

b. "Children who are not handicapped will benefit from being in the same classroom with severely handicapped children."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

6. a. "Other agencies can serve mildly or moderately handicapped children better than Head Start can."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

b. "Other agencies can serve severely handicapped children better than Head Start can."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

7. a. "It's just as easy to serve a mildly or moderately handicapped child in Head Start as it is to serve a non-handicapped child."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

b. "It's just as easy to serve a severely handicapped child in Head Start as it is to serve a non-handicapped child."

Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree

C. DEFINITIONS, DIAGNOSIS, PRESCRIPTION

1. How many handicapped children are currently enrolled in your program?

   _____ Number of children

2. What are the handicapping conditions of these children? (Count each handicapped child only once, based on his/her most disabling condition.)

   _____ Number of blind children

   _____ Number of visually impaired children

   _____ Number of deaf children

   _____ Number of hearing impaired children

   _____ Number of health or developmentally impaired children

   _____ Number of physically handicapped children

   _____ Number of speech impaired children

   _____ Number of seriously emotionally disturbed children

   _____ Number of mentally retarded children

   a. How many of these children are multiply handicapped?

      _____ Number of multiply handicapped children

3. Who identified or diagnosed what the handicapping conditions of these children are? (Probe and check as appropriate)

Diagnosis by / Handicapping Conditions	Parents	Head Start Staff	Physicians or other medical profes'ls.	Nurses	Other (Specify)				
Blindness									
Visual Impairment									
Deafness									
Hearing Impairment									
Health or developmental Impairment									
Physical Impairment									
Speech Impairment									
Seriously Emotional Disturbance									
Mental Retardation									

3. b. Are there any other children who are definitely handicapped but whose handicapping conditions have not been clearly diagnosed?

No

Yes

How many such children are there?

__ Number of children

Who identified these children as handicapped? (Check.)

Parents

Head Start Staff

Physicians or other medical professionals

Nurses

Other (Specify.)_____

_____

_____

5. Child needs

Diagnostic source (i.e., professional judgement)

Comparison with other children in the classroom

Parental judgement

Other (specify) _____

_____

_____

4. Which of the handicapped children in your program would you consider to be severely impaired? (Indicate number severely impaired.)

_____ Number totally blind

_____ Number severely visually impaired

_____ Number totally deaf

_____ Number severely hearing impaired

_____ Number severely health or developmentally impaired

_____ Number severely physically handicapped

_____ Number severely speech impaired

_____ Number severely seriously emotionally disturbed

_____ Number severely mentally retarded

_____ Number with undifferentiated handicapping conditions (of those recorded in 3.b)

5. What is the primary reason that you consider these children to be severely handicapped?

_____

_____

_____

_____

_____

_____

6. Once a determination is made that a child is handicapped, is a plan or program developed to meet the special needs of the child? (Check and describe.)

Yes No (Go on to next section.)

a. Who prepares it?

_____

_____

b. On what basis is it prepared?

_____

_____

c. What does it typically consist of?

_____

_____

_____

d. Does it contain specific objectives? (Check and describe.)

Yes No

_____

_____

_____

e. Does the plan make provisions for monitoring the progress of the child? (Check and describe.)

Yes No

_____

_____

_____

D. PAST EXPERIENCE

1. Did you have any handicapped children in your program last year? (Check.)

   Yes No (Go to Question D.5.)

2. How many handicapped children did you have, and what were their handicapping conditions?

   _____ Number of blind children

   _____ Number of visually impaired children

   _____ Number of deaf children

   _____ Number of hearing impaired children

   _____ Number of health or developmentally impaired children

   _____ Number of physically handicapped children

   _____ Number of speech impaired children

   _____ Number of seriously emotionally disturbed children

   _____ Number of mentally retarded children

   _____ Number with undifferentiated handicapping conditions

3. Did you consider any of these children to be severely handicapped?

   Yes No (Go to Question 4.)

   How many were severely handicapped?

   _____ Number severely handicapped

   What were their handicapping conditions? (Describe.)

   _____

   _____

   _____

   _____

   _____

4. How many of the handicapped children in your program last year are still in your program this year?

   _____ Number of handicapped children still in the program

5. What was the total enrollment in your program last year--counting handicapped and non-handicapped children?

   _____ Number of children

6. Have your perceptions about handicapped children changed between last year and this year? (Check and describe.)

   Yes No

   _____

   _____

   _____

E. STAFF RESOURCES

1. We'd like to fill out the table below about the staff of your program. (Hand Table 1 to respondent and probe about number of staff persons in each category. Fill out the upper left portion of each cell.)

2. In the same categories of personnel, how many persons have been added to your staff this year for the primary purpose of serving or working with handicapped children? (Fill out the lower right portion of the cells in Table 1.)

3. Were there any other persons who were needed in your program this year to work with handicapped children, but whom you were unable to add to your staff?

   Yes No (Go to question 4.)

   a. What were the type/qualifications of these persons? (List type/qualifications.)

   _____

   _____

   _____

   _____

   b. Why were you unable to add these persons to your staff? (Describe.)

   _____

   _____

   _____

   _____

4. How many persons on your staff have completed at least one course in special education at the college level?

   _____ Number of persons with special education

   a. How many of these persons are:

      Paid by Head Start (specify #) _____

      Paid by other agencies (specify #) _____

      Volunteers (specify #) _____

PROGRAM-LEVEL INFORMATION

Professional

Administrative
Teacher
Psychologist
Counselor
Speech Therapist
Social Worker
Consultant
Physician
Dentist
Nurse
Physical Therapist
Nutritionist

Paraprofessional

Secretary, Clerk
Teacher's Aide
Social Worker Aide
Health Aide
Nutritionist Aide
Cook
Driver
Maintenance Worker

TABLE 1

NUMBER OF HEAD START STAFF BY TYPE

Status of Staff / Type Of Staff	Paid By Head Start				Paid By Other Agencies					
	Professional		Para-Professional		Professional		Para-Professional		Profes	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	
Administrative Staff										
Classroom Staff										
Other Staff										
TOTAL										

TABLE 1

NUMBER OF HEAD START STAFF BY TYPE

	Paid By Head Start				Paid By Other Agencies				Volunteers			
	Professional		Para-Professional		Professional		Para-Professional		Professional		Para-Professional	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time

5. How many persons on your staff, prior to this year, have had experience working with handicapped children?

_____ Number of persons with experience

a. How many of these persons are:

Paid by Head Start (Specify #) _____

Paid by other agencies (Specify #) _____

Volunteers (Specify #) _____

6. We'd like you to fill out the table below about the classrooms in your program. (Hand Table 2 to respondent and probe about each cell of the table.)

7. In your opinion, what kinds of handicapped children are your staff best able to work with? (List, explain, and probe with respect to severity.)

_____

_____

_____

_____

_____

_____

8. In your opinion, what kinds of handicapped children are your staff least able to work with? (List and explain with respect to handicapping conditions and severity.)

_____

_____

_____

_____

_____

_____

TABLE 2

INFORMATION ABOUT CLASSROOMS WITH AND WITHOUT HANDICAPPED CHILDREN

Selected Data / Type of Classroom	# of Classrooms	# of Children		# of Professional Staff
		Handicapped	Non-Handicapped	
Classrooms without any handicapped children				
Classrooms with at least one severely handicapped child				
Other classrooms with at least one handicapped child				
TOTAL				

* Each of these categories should be considered mutually exclusive. (i.e., do not count the same classroom twice.)

TABLE 2

ORMATION ABOUT CLASSROOMS WITH AND WITHOUT HANDICAPPED CHILDREN

ta	# of Classrooms	# of Children		# of Professional Staff	# of Non- Professional Staff
		Handicapped	Non-Handicapped		
ny n					
least apped					
h at ed					

* Each of these categories should be considered mutually exclusive. (i.e., do not count the same classroom twice.)

E-24

9. Now I'd like to ask about how you have organized your staff with respect to the provision of services to handicapped children.

   a. Who is in charge of your program for handicapped children?

      Title/Position: _____

   b. What are the responsibilities of this person with respect to handicapped children? (Describe.)

      _____

      _____

      _____

      _____

   c. Approximately how much of this person's time is devoted to the program for handicapped children?

      _____ % of full-time

   d. Are there any other persons, or groups, not including your classroom staff, who are involved in your program for handicapped children? (List and describe nature of involvement.)

      _____

      _____

      _____

      _____

      _____

      _____

F. COMMUNITY RESOURCES

1. What agencies are providing special services to the handicapped children in your program?

AGENCY I: _____

I.a. What are the services provided by this agency?*

_____

_____

_____

_____

_____

I.b. How many handicapped children in your program are receiving these services?

_____ Number of handicapped children

I.c. What are the handicapping conditions of the children receiving these services? (List and describe.)

_____

_____

_____

_____

_____

I.d. Were these children receiving the same services from these agencies before they were enrolled in your program?

Yes No

I.e. What is the cost of these services?

_____ $ per year

I.f. Who pays for these services? (List and describe.)

_____

_____

_____

* If agencies are unknown, make note of observation.

AGENCY II: _____

II.a. What are the services provided by this agency?

_____

_____

_____

_____

_____

II.b. How many handicapped children in your program are receiving these services?

_____ Number of handicapped children

II.c. What are the handicapping conditions of the children receiving these services? (List and describe.)

_____

_____

_____

_____

_____

II.d. Were these children receiving the same services from these agencies before they were enrolled in your program?

Yes No

II.e. What is the cost of these services?

_____ $ per year

II.f. Who pays for these services? (List and describe.)

_____

_____

_____

f.f. Agency capacity
Population served by agency
Agency refusal
Location and transportation
Funding difficulties
Agency not contacted

In addition to the above agencies, are there any others whose special services are needed by handicapped children in your program, but who are not providing the services needed by these children?

No, there are no other agencies whose services are needed. (Go to the next section.)

Yes, there are other agencies whose services are needed. (List and describe below.)

AGENCY I: _____

I.a. What special services could this agency provide for handicapped children in your program? (Describe.)

_____

_____

_____

_____

I.b. How many children in your program need these services?

_____ Number of handicapped children

I.c. What are the handicapping conditions of the children who need these services? (List and describe.)

_____

_____

_____

_____

I.d. What would these services cost?

_____ $/year

I.e. Who might pay for these services? (List and describe.)

_____

_____

_____

_____

I.f. Why isn't the agency providing these services to the handicapped children in your program? (Describe.)

_____

_____

_____

_____

_____

AGENCY II: _____

II.a. What services could this agency provide for handicapped children in your program? (Describe.)

_____

_____

_____

_____

II.b. How many children in your program need these services?

_____ Number of handicapped children

II.c. What are the handicapping conditions of the children who need these services? (List and describe.)

_____

_____

_____

_____

II.d. What would these services cost?

_____ $/year

II.e. Who might pay for these services? (List and describe.)

_____

_____

_____

_____

II.f. Agency capacity
Population served by agency
Agency refusal
Location and transportation
Funding difficulties
Agency not contacted

II.f. Why isn't the agency providing these services to the handicapped children in your program? (Describe.)

_____

_____

_____

_____

_____

G. PHYSICAL FACILITIES

1. Do or would your present physical facilities in any way make it difficult or impossible for you to serve certain kinds of handicapped children?

Yes No

2. What kinds of handicapped children do or would you find it difficult or impossible to serve because of the present physical facilities of your program? (List and describe.)

3. Were you unable this year to enroll any handicapped children because you did not have adequate or appropriate physical facilities?

Yes No (Go to Question 4.)

a. How many were you unable to enroll?

_____ Number of children

b. What were their handicapping conditions?

c. What were the physical facilities you were lacking? (Describe.)

_____

_____

_____

_____

4. Have you made any changes in the physical facilities of your program this year for the purpose of serving handicapped children? (Check and describe.)

Yes No (Go to the next section.)

a. What were these changes? (Describe.)

_____

_____

_____

_____

b. When were they made? (Specify dates.)

_____

_____

c. What are the handicapping conditions of the children for which the changes were made? (List and describe.)

_____

_____

_____

_____

d. How many children were involved?

_____ number of children

e. What did the changes cost?

$_____ (total)

f. Who paid for the changes? (List and describe.)

_____

_____

1b. Materials and equipment

Modification of physical facilities

Additional personnel

Training

Diagnosis and assessment

Purchase of special services

Other _____

_____

_____

H. FINANCING THE HANDICAPPED EFFORT

1. Did your program receive any money, in addition to your regular OCD grant, for the purpose of serving handicapped children? (Check.)

   Yes No (Go to Question 2.)

   a. If yes, indicate amounts, date received, and sources of funds.

   _____

   _____

   _____

   _____

   _____

   b. What specific uses were made of these additional funds?

   _____

   _____

   _____

   _____

2. If you had more money this year to serve handicapped children in your program, how would you have spent it? (Describe.)

   _____

   _____

   _____

   _____

   _____

   a. What would these additional services or activities have cost?

   _____ Estimated cost in dollars

1a. In-service workshops

Pre-service workshops

College conferences

College courses

Other _____

_____

_____

I. TRAINING AND TECHNICAL ASSISTANCE

1. Has any training or technical assistance been provided in your program this year for the primary purpose of serving handicapped children? (Check and describe.)

   Yes No (Go to Question 2.)

   T & TA Activity I:

   a. Describe the nature of the activity.

   _____

   _____

   _____

   _____

   _____

   b. When was it provided, and for how long a period?

   _____

   _____

   c. Who provided it?

   _____

   _____

   d. Who and how many persons in your program received it? (List number of persons and their titles.)

   _____

   _____

   _____

   _____

   _____

   _____

   e. How much did each person receive? (Specify in terms of units, such as hours, days, etc.) (e.g., 3 hours/week, 2 days/month, etc.)

   _____

   _____

   _____

f. What did it cost?

_____ Amount in dollars (total)

g. Who paid the cost?

_____

_____

a. In-service workshops

Pre-service workshops

College conferences

College courses

Other _____

_____

_____

T & TA Activity II:

a. Describe the nature of the activity.

_____

_____

_____

_____

_____

b. When was it provided, and for how long a period?

_____

_____

c. Who provided it?

_____

_____

d. Who and how many persons in your program received it? (List number of persons and their titles.)

_____

_____

_____

_____

_____

_____

e. How much did each person receive? (Specify in terms of units, such as hours, days, etc.) (e.g., 3 hours/week, 2 days/month, etc.)

_____

_____

_____

f. What did it cost?

_____ Amount in dollars (total)

g. Who paid the cost?

_____

_____

a. In-service workshops

Pre-service workshops

College conferences

College courses

Other _____

_____

_____

T & TA Activity III:

a. Describe the nature of the activity.

_____

_____

_____

_____

_____

b. When was it provided, and for how long a period?

_____

_____

c. Who provided it?

_____

_____

d. Who and how many persons in your program received it? (List number of persons and their titles.)

_____

_____

_____

_____

_____

_____

e. How much did each person receive? (Specify in terms of units, such as hours, days, etc.) (e.g., 3 hours/week, 2 days/month, etc.)

_____

_____

_____

f. What did it cost?

_____ Amount in dollars (total)

g. Who paid the cost?

_____

_____

2a. In-service workshops

Pre-service workshops

College conferences

College courses

Other _____

_____

_____

b. Before enrollment

After enrollment

g. Lack of funds

Lack of trained personnel

Other _____

_____

_____

2. What additional T & TA was needed in your program this year?

T & TA Activity I:

a. Describe the nature of the additional T & TA needed.

_____

_____

_____

_____

_____

_____

b. When did you need it?

_____

_____

c. Who and how many persons needed it?

_____

_____

_____

d. Who might have provided it?

_____

_____

e. What would it have cost?

_____ Total estimated amount in dollars

f. Who might have paid for it?

_____

_____

g. Why were you unable to obtain it?

_____

_____

_____

_____

a. In-service workshops

Pre-service workshops

College conferences

College courses

Other _____

_____

_____

b. Before enrollment

After enrollment

g. Lack of funds

Lack of trained personnel

Other _____

_____

_____

T & TA Activity II:

a. Describe the nature of the additional T & TA needed.

_____

_____

_____

_____

_____

_____

b. When did you need it?

_____

_____

c. Who and how many persons needed it?

_____

_____

_____

d. Who might have provided it?

_____

_____

e. What would it have cost?

_____ Total estimated amount in dollars

f. Who might have paid for it?

_____

_____

g. Why were you unable to obtain it?

_____

_____

_____

_____

J. PLANNING

1. Did your agency prepare a plan to recruit and provide services to handicapped children?

   Yes No (Go to the next section.)

2. What did the plan cover? (Check and briefly describe under applicable area.)

   Recruitment

   _____

   _____

   Screening, testing, diagnosis

   _____

   _____

   Involvement of parents

   _____

   _____

   Classroom programs

   _____

   _____

   Special materials and equipment

   _____

   _____

   Special physical facilities

   _____

   _____

   Monitoring and evaluation

   _____

   _____

   Others (Specify.)

   _____

   _____

   _____

   _____

7. Extremely successful
Moderately successful
Unsuccessful

3. What were the specific goals and objectives of your plan? (Specify.)

4. When was this plan prepared? (Specify dates.)

5. Who participated in the preparation of this plan? (Specify number of persons and their titles.)

6. What difficulties have you experienced in implementing this plan?

7. Generally speaking, how successful have you been in implementing this plan? (Explain.)

K. RECRUITMENT/ENROLLMENT

1. In the area served by your program, do you know, or could you estimate, how many handicapped children there are who would be eligible for Head Start?

   Yes No (Go to Question 2.)

   a. If yes, how many?

   _____ Number of handicapped children

   b. How did you arrive at this estimate? (Describe.)

   _____

   _____

   _____

2. How many handicapped children were identified by or referred to your program for enrollment this year?

   _____ Number of children identified by or referred to the program

3. Of the handicapped children identified by or referred to your program, how many were you unable to enroll?

   _____ Number of handicapped children not enrolled

   a. Why were you unable to enroll these children?

   1st mentioned reason: (Record and probe.)

   _____

   _____

   2nd mentioned reason: (Record and probe.)

   _____

   _____

   3rd mentioned reason: (Record and probe.)

   _____

   _____

   4th mentioned reason: (Record and probe.)

   _____

   _____

b. What were the handicapping conditions of these children?

Handicapping Conditions	# of Children
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

c. Did you refer any of these children to other agencies for assistance?

Yes No (Go to Question 5.)

How many were referred?

_____ Number of handicapped children referred to other agencies

To which agencies were they referred? (List.)

_____

_____

_____

_____

4. How did you go about trying to locate or identify handicapped children for enrollment in your program this year? (Describe.)

_____

_____

_____

_____

_____

_____

5. Handicapping conditions of children

Referral to other agencies

Names of agencies _____

_____

_____ _____

a. Did these recruitment efforts in any way differ from your efforts to recruit non-handicapped children?

Yes (Explain differences below.)

No (Go to Question 5.)

_____

_____

_____

_____

5. Are there any children who were identified and enrolled but later dropped from your program? (Explain.)

_____

_____

_____

_____

_____

6. Did any other agencies in your community assist in your recruitment activities?

Yes No (Go to the next section.)

a. Which agencies? (List.)

_____

_____

_____

_____

b. How did they help? (Describe.)

_____

_____

_____

_____

_____

7. What difficulties have you experienced in recruiting handicapped children?

Competition with community agencies

Parental resistance

Lack of knowledge about preschool handicapped population

Other (Describe.) _____

_____

_____

L. RELATIONSHIPS WITH OTHER PROGRAMS AND THE REGIONAL OFFICE

1. With respect to handicapped children, do you work or coordinate your efforts in any way with other Head Start programs?

   No (Go to Question 2.)

   Yes (Describe purpose and nature of relationships.)

2. With respect to handicapped children, what assistance, guidance or support, if any, have you received from the regional office of OCD? (Describe.)

3. What additional help would you like to have received from the regional office? (Describe.)

M. SELF-EVALUATION OF CAPABILITY

1. Taking into account the present capabilities of your staff, the physical resources and budget of your program, and the resources available to you from other agencies in the community, what kinds of handicapped children do you think you could serve? (Check as appropriate.)

Handicapping Conditions	Severely Handicapped	Not Severely Handicapped
Blindness		
Visual Impairment		
Deafness		
Hearing Impairment		
Health or Developmental Impairment		
Physical Handicap		
Speech Impairment		
Mental Retardation		
Serious Emotional Disturbance		
Undifferentiated		

2. What do you think is the most important function your program can provide to handicapped children? (Describe and explain.)

   a. Mildly or moderately handicapped children: _____

   _____

   _____

   _____

   _____

   b. Severely handicapped children: _____

   _____

   _____

   _____

   _____

Indicators of (high level) support:

- Director is friendly and easy to approach
- Director pays attention to what subordinates are saying
- Director is willing to listen to work-related problems of subordinates

Indicators of (high level) interaction facilities:

- Director encourages subordinate team work
- Director encourages subordinate exchange
- Director encourages subordinate group problem solving

Indicators of (high level) goal emphasis:

- Director encourages subordinates to give their best effort
- Director maintains high standards of performance

Indicators of (high level) work facilitation:

- Director shows subordinates how to improve performance
- Director provides the assistance subordinates need for properly scheduling work
- Director offers new ideas for solving job-related problems

N. OBSERVER RATING OF LEADERSHIP/MANAGEMENT EFFECTIVENESS

(Complete this section of the guide immediately prior to your departure from the field site.)

Rate the Head Start director in terms of each of the following four criteria of leadership and management effectiveness.

1. Support. Support behavior is measured by the extent to which the director interacts with subordinates in such ways to enhance staff feelings of personal importance and worth.

a very little extent _____ a very great extent

2. Interaction Facilitation. Interaction facilitation behavior is measured by the extent to which the director encourages open communication with staff to assist them in developing close, mutually satisfying relationships. Communication may be encouraged, for example, through informal exchanges of ideas and opinions, worthwhile meetings and opportunities for group problem-solving.

a very little extent _____ a very great extent

3. Goal Emphasis. Goal emphasis behavior is measured by the extent to which the director develops realistic performance goals and objectives and stimulates high performance and commitments on the part of staff to achieve the stated goals and objectives.

a very little extent _____ a very great extent

4. Work Facilitation. Work facilitation behavior is measured by the extent to which the director contributes to the achievement of stated goals and objectives by helping staff to work effectively and satisfyingly. Work facilitation would be illustrated by such activities as: knowledge, equipment and proper working conditions.

a very little extent _____ a very great extent

PART III

CHILD - SPECIFIC INFORMATION

Child Number: _____

Age (in months): _____

Sex: _____

Primary Handicapping Condition: _____

Primary Source of Information: Name: _____

Title: _____

Telephone Number: _____

==========

1. What is the nature of the child's handicapping condition?

   a. Does he have any sensory or physical problems?

      Mild Moderate Severe

      _____

      _____

      _____

   b. Does he have any intellectual problems? (Check and describe.)

      Mild Moderate Severe

      _____

      _____

      _____

   c. Does he have any behavioral, social or emotional problems? (Check and describe.)

      Mild Moderate Severe

      _____

      _____

      _____

2.c. Regular recruitment efforts

Special recruitment efforts

1. d. Does he have any speech and language difficulties? (Check and describe.)

Mild Moderate Severe

_____

_____

_____

e. Does he have any health or medical difficulties? (Check and describe.)

Mild Moderate Severe

_____

_____

_____

2. How was the child enrolled in Head Start?

a. When did the child enter Head Start?

_____ Month

_____ Year

b. Was the child referred to Head Start?

No Yes

By whom? _____

What agency? _____

c. Was the child identified as a result of Head Start recruitment efforts? (Describe.)

_____

_____

_____

_____

3.c. Formal evaluation

Formal evaluations and observational data

Informal observations

2. d. Was the child's handicap recognized only <u>after</u> the child entered Head Start? (Check and describe.)

Yes No

3. How was this child found to be handicapped?

a. When was an assessment of the child's handicap(s) made? (Check.)

Before entering Head Start

After entering Head Start

b. Who made the assessment? (Describe.)

c. On what basis was the initial assessment made? (Describe.)

d. Have any subsequent assessments been made?

No Yes

When? _____

By whom? _____

e. What were the results of these diagnoses and assessments? (Describe.)

3. f. Were there any costs involved in the diagnosis of this child that would <u>not</u> <u>normally</u> have been incurred for the typical child?

No Yes

What was purchased? _____

_____

_____

How much did it cost? _____

_____

Who paid for them? _____

_____

_____

g. Are there any diagnostic services needed by this child, which have not yet been provided?

No Yes

What are the services? _____

_____

_____

Who might provide these services? _____

_____

_____

What have been the problems in arranging for these services? _____

_____

_____

What would they cost? _____

_____

4. Is there a plan or program to meet the special needs of this child <u>in the classroom</u>?

No (Go to question 5.) Yes

a. On what basis was the program developed?

Diagnostic information available from prior assessment? (Describe.)

Diagnosis at the time the child entered the program? (Describe.)

Ongoing classroom observations and assessment of the Head Start staff? (Describe.)

Other? (Describe.)

4. b. Who developed the program?

c. Did anyone provide any technical assistance in developing the program?

d. Who are the people that work with the child in the classroom?

What are their general qualifications?

What is their training for the purpose of working with this child?

Have any persons been hired or provided on a voluntary basis for the specific purpose of working with this child?

Yes No

Describe:

4.e. Almost constant assistance

A fair amount of assistance

Little assistance

No assistance

4.f. Almost constant assistance

A fair amount of assistance

Little assistance

No assistance

4. e. What is the special assistance, if any, that this child requires in the classroom? (Describe.)

_____

_____

_____

_____

f. As compared to typical children, how much special attention of classroom personnel does this child require?

_____

_____

_____

g. Have any special modifications of physical facilities been made for this child?

Yes No

Describe:

_____

_____

If so, what did these cost?

_____

Who paid for these?

_____

h. Have any special equipment or materials been purchased for the child in the classroom:

Yes No

Describe:

_____

_____

If so, what did these cost?

_____

Who paid for these?

_____

5. How is this child's progress in the classroom being monitored?

   a. Are records of the child's developmental progress in class being kept?

      No (Go to Question 6.) Yes

   b. Who keeps these records?

   _____

   c. What is the basis for these records? (Check and describe as many as applicable.)

      Informal observations?

   _____

   _____

   _____

      Formal evaluations?

   _____

   _____

   _____

      Informal evaluations?

   _____

   _____

   _____

   d. What is the nature of these records?

      Their content?

   _____

   _____

   _____

      How frequently are child data recorded?

   _____

   _____

   _____

   e. Does this procedure differ for non-handicapped children?

   _____

   _____

   _____

6. What other special services, outside the classroom, does this child receive which non-handicapped children do not ordinarily receive?

Service A:

A-a. What is the service?

A-b. Who arranged this service?

A-c. Who provides the service?

A-d. Are you satisfied with the quality and adequacy of the service? (Check and describe.)

Yes No

A-e. What does the service cost, if anything?

A-f. Who pays for the service?

6. Service B:

B-a. What is the service?

B-b. Who arranged this service?

B-c. Who provides the service?

B-d. Are you satisfied with the quality and adequacy of the service? (Check and describe.)

Yes No

B-e. What does the service cost, if anything?

B-f. Who pays for the service?

6. Service C:

C-a. What is the service?

C-b. Who arranged this service?

C-c. Who provides the service?

C-d. Are you satisfied with the quality and adequacy of the service? (Check and describe.)

Yes No

C-e. What does the service cost, if anything?

C-f. Who pays for the service?

6. Service D: Are there any other special services that this child should have but does not receive?

No (Go to question 7.) Yes (Describe below.)

D-a. What are these services?

_____

_____

_____

D-b. Who might provide these services? (Who/what agency?)

_____

_____

_____

D-c. What have been the problems in arranging for these services?

_____

_____

_____

_____

D-d. What would they cost?

_____

_____

D-e. Who would pay for these services?

_____

_____

7. Have any arrangements been made by Head Start for transportation of this child to and from Head Start?

No (Go to question 7.d.) Yes

a. What are they?

_____

_____

_____

b. Are these transportation arrangements different in any way from those made for other children?

Yes No

Describe:

_____

_____

c. What, if anything, do they cost? (Itemize cost for arrangements and describe below.)

_____

_____

_____

_____

d. Are there any transportation arrangements that this child needs that have not been provided?

No (Go to question 8.) Yes

What are these services?

_____

_____

_____

Who might provide these services?

_____

_____

7. d. What have been the problems in arranging for these services?

_____

_____

What would they cost?

_____

_____

8. How are the child's parents involved in Head Start?

a. Are the parents receiving any help arranged by Head Start with respect to their child's handicapping condition?

No (Go to question 8.b.) Yes

If so, what?

_____

_____

_____

_____

Who/what agency is providing the help?

_____

_____

_____

Are any costs involved?

No (Go to question 8.b.) Yes

--If so, what are they?

_____

_____

--Who pays for the costs?

_____

_____

8. b. Are the parents of this child participating in any other way in the Head Start program?

If so, how?

_____

_____

_____

_____

Are the parents of this child involved more than, about the same as, or less than the parents of typical children? (Check.)

More than About the same Less than

Explain: _____

_____

_____

Have the parents of this child been informed about the services Head Start is providing for their child? (Check and describe.)

Yes No

_____

_____

_____

In your opinion (the staff), are the parents of this child satisfied with the services being provided to their child by Head Start? (Check and describe.)

Yes No

_____

_____

_____

_____

8. c. Are there services that the parents of this child need but are not receiving?

No (Go to question 9.) Yes

What are they?

_____

_____

_____

_____

Who/what agency might provide them?

_____

_____

_____

_____

What have been the problems in arranging for these services?

_____

_____

_____

_____

What would they cost?

_____

_____

9. What changes have been observed in this child as a result of being in Head Start?

   a. Obtain information about change in the following areas as appropriate to the child's handicapping conditions and describe with respect to positive and negative effects.

Sensory or physical problems? (Check and describe.)

Substantial Moderate

Slight None

_____

_____

_____

Intellectual problems? (Check and describe.)

Substantial Moderate

Slight None

_____

_____

_____

Behavioral, social, and emotional problems? (Check and describe.)

Substantial Moderate

Slight None

_____

_____

_____

Health/medical problems? (Check and describe.)

Substantial Moderate

Slight None

_____

_____

_____

9. a. Speech and/or language problems? (Check and describe.)

Substantial Moderate

Slight None

_____

_____

_____

b. Has this child's ability to cope with his handicap improved? (Discuss.)

_____

_____

_____

_____

_____

c. When this child first entered Head Start, how did other children in the program react? (Describe.)

_____

_____

Later? (Describe.) _____

_____

_____

What changes have been observed in the abilities of other children to cope with this child's handicap? (Discuss and give examples.)

_____

_____

_____

_____

9. d. When this child first entered Head Start, did the teachers in the program have any difficulty in relating to him? (Check and discuss.)

Yes No

_____

_____

_____

_____

What changes have been observed in the ways that teachers relate to this child? (Discuss.)

_____

_____

_____

_____

e. In which of the above areas could this child have made greater progress? (Give specific examples with respect to the above areas.)

_____

_____

_____

_____

_____

_____

10. a. What are the plans for this child next year? (Check and discuss.)

No plans have been made. (Discuss why.)

_____

_____

_____

_____

He will remain in Head Start. (Discuss why.)

_____

_____

_____

_____

He will go on to public school. (Check and discuss.)

He will go to a regular class.

_____

_____

He will go to a special class.

_____

_____

Other class arrangements have been made.

_____

_____

b. Have any special arrangements been made with public school people with respect to this child's handicap?

Yes No

(Discuss.)

_____

_____

_____ _____

_____

PART IV

GUIDE FOR CLASSROOM OBSERVATIONS

Name and address of center . . . . . _____

_____

_____

Number of classrooms . . . . . _____

Total enrollment of the center . . . . . _____

Total handicapped enrollment . . . . . _____

Number of handicapped observed . . . . . _____

Handicapping conditions of children in observed classroom(s) . . . . . _____

_____

_____

_____

Key adults and their roles . . . . . _____

_____

_____

_____

_____

Date of observation . . . . . _____

Time of observation . . . . . _____

1. Intensity of programming

   a. Where does the staff place its priorities in programming (for all children) with respect to the following dimensions? (Check one in each of the three groups.)*

Emphasis on cognitive development (e.g., readiness skills such as learning colors, numbers and the alphabet)
Emphasis on social and emotional develcpment (e.g., play and interaction situations)
Combination of both

* Ask question directly of teacher.

1.

Teacher-directed*(e.g., teacher structures all classroom activities with little emphasis on child-initiated activities)
Child-directed (e.g., in contrast, teacher structures activities primarily on the basis of child interests, experiences, and responses to immediate situations)
Combination of both

Group activities
Individual activities
Combination of both

b. Do the program emphases noted above apply to the handicapped as well as to other children in the classroom? (Include in your descriptions any differences with respect to severely handicapped children.)

Yes (Go to question ?.)

No (What are the differences for the handicapped?)

_____

_____

_____

2. Details of observed activities and general learning environment**

a. What were the materials used by the teacher during the observed activities?

	Availability of materials in classroom setting?	
	Yes	No
None		
Toys and other commercial resources		
Teacher prepared materials		
	Adequacy of Materials	
	Yes	No

* Teacher is defined in general terms as person with whom significant interaction with children is taking place.

** This section of the observation guide has been largely drawn from an observation schedule developed by Dr. Burton Blatt of Syracuse University.

2.b. Indicators of teacher preparation

Continuity and logic of activities
Teacher's introduction to the activities
Teacher's termination of the activities
Continuity across class activities
Clarity of purpose of activities
Grouping of children for class activities

2. a. Were there any differences (i.e., type and use of materials) with respect to handicapped children?

No (Go to question 2.b)

Yes (Describe below the differences.)

_____

_____

_____

_____

b. Was the teacher prepared for the observed activities? (Check and describe supportive evidence.)

No

_____

_____

_____

_____

_____

Yes

_____

_____

_____

_____

_____

2. c. What was the physical classroom evidence of teacher planning for the observed activities?

Little or no evidence

Evidence in classroom of planning, e.g., teacher-prepared charts, children's relevant work, readiness of materials for class activities

From examination of physical environment, clear evidence of prior and present activities, e.g., charts of children's work, exhibits, books, and other materials to reflect the focus of the curriculum and tasks at hand

Examples:

_____

_____

_____

_____

Were there any differences in planning for the handicapped? (Include in your descriptions any differences with respect to the severely handicapped.)

Yes

No

Describe:

_____

_____

_____

_____

2.d. Dimensions of teacher presentations

Motivation devices

Clarity of presentations

Relevance and appropriateness of materials

Length of presentation appropriate to attention span

Use of language by teacher

2.e. Emphasis on clarity and intelligibility of speech

Encouragement of child-initiated verbal responses

Talking to children

Labeling of objects

Direct participation in language and speech-related activities

Reinforcement of verbal approximations

2. d. How effective were the teacher's presentations during the observed activities?

Presentations inadequate

Presentations minimally adequate

Presentations adequate

Supportive evidence:

_____

_____

_____

_____

Were there any differences in teacher presentations during observed lessons with the handicapped? (Include in your descriptions any differences with respect to severely handicapped children.)

Yes

No

Describe:

_____

_____

_____

_____

e. To what degree did the teacher emphasize speech and language development during the observed activities?

Not at all To a minimal degree

To a moderate degree To an extensive degree

Supportive evidence:

_____

_____

_____

_____

2.f. Appropriateness of level of difficulty of tasks required

Appropriateness of content of tasks required

Appropriateness of teacher responses to emotional needs of child

2. e. Were there any differences with respect to handicapped children? (Include in your descriptions any differences with respect to severely handicapped children.)

Yes

No

Describe:

_____

_____

_____

_____

f. To what degree did the teacher provide for the individual needs of children?

Not at all To a minimal degree

To a moderate degree To an extensive degree

Supportive evidence:

_____

_____

_____

_____

Were there any differences with respect to handicapped children? (Include in your description any differences with respect to severely handicapped children.)

Yes

No

Describe:

_____

_____

_____

_____

2.g. Activities prepared

Direct suggestions

Participation with other children

Partial completion of activities (e.g., starting puzzle for child completion)

Reinforcement of desired behavior

2. g. Were there ways that the teacher attempted to encourage children to enter into independent activities?

Yes

No

Describe:

_____

_____

_____

_____

Were there any differences with respect to handicapped children? (Include in your descriptions any differences with respect to severely handicapped children.)

Yes

No

Describe:

_____

_____

_____

_____

h. To what degree did the teacher use or respond to child-initiated responses during the course of observed activities?

Not at all To a minimal degree

To a moderate degree To an extensive degree

Supportive evidence:

_____

_____

_____

_____

2.i. Grouping of children

Appropriate pacing of activities

Physical placement of children during activities

Modification of physical environment to include all children

2. h. Were there any differences with respect to handicapped children? (Include in your descriptions any differences with respect to severely handicapped children.)

Yes

No

Describe:

_____

_____

_____

_____

i. To what degree did the teacher prepare the psychological and physical environment for children, in order to ensure success in observed activities?

Not at all To a minimal degree

To a moderate degree To an extensive degree

Supportive evidence and examples:

_____

_____

_____

_____

Were there any differences with respect to handicapped children? (Include in your descriptions any differences with respect to severely handicapped children.)

Yes

No

Describe:

_____

_____

_____

_____

2. j. How did the teacher cope with distracted or "deviant" behavior of children during the observed activities?

Use of bodily or other punishment, threats

Verbal admonitions and other threatening devices

Verbal encouragement, help in understanding the task at hand, use of alternative tasks, and other positive means of involving child in more acceptable or purposeful behavior

Supportive evidence:

_____

_____

_____

_____

Were there any differences with respect to handicapped children? (Include in your descriptions any differences with respect to severely handicapped children.)

Yes

No

Describe:

_____

_____

_____

_____

2. k. How did the handicapped children behave during the observed activities?

Yes No Children spontaneously went to teacher for help

Yes No Children spontaneously went to other children for help

Yes No Children appeared relaxed and happy

Yes No Children were involved in the greater portion of observed activities

Observer comments:

_____

_____

_____

_____

_____

_____

3. Qualities of Integration

a. Were handicapped children physically integrated into classroom activities?

Yes, fully.

Yes, part of the time.

No.

How many were not physically integrated?

_____ Number totally physically separated

_____ Number partially separated

What were the handicapping conditions of these children?

_____

_____

_____

_____

3. a. What activities did these children not participate in?

_____

_____

_____

_____

b. Were all of the handicapped children <u>psychologically integrated</u> into regular classroom activities?

Yes, fully.

Yes, part of the time.

No.

How many children were not psychologically integrated?

_____ Number totally psychologically separated

_____ Number partially separated

What were the handicapping conditions of these children?

_____

_____

_____

_____

Describe the evidence of separation in terms of interactions with other children and the teacher.

_____

_____

_____

_____

_____

_____

3.b. Dimensions of Psychological Integration

Degree of interaction between handicapped and non-handicapped children

Degree of interaction between handicapped children and teacher

The nature of interaction (i.e., positive and negative) between handicapped and non-handicapped children

The nature of interaction (i.e., positive and negative) between handicapped children and teacher

Direction of interaction between handicapped children and non-handicapped children/teacher

Open resistance and hostility

Withdrawal

No apparent effect

Attempt to reestablish positive communication

3. b. What were the immediate reactions, if any, of psychological separation on the behavior of these handicapped children?

_____

_____

_____

_____

_____

What was the apparent effect, if any, of separation on the behavior of the typical children?

_____

_____

_____

_____

_____

c. Did the teacher use any special techniques to enhance processes of integration?

Yes

No

Not evident

What was the nature of these techniques?

Pairing handicapped and typical children to help one another

Placing children in group, social situations to promote interaction

Physically bringing handicapped children back to the mainstream of activity

Others (Specify.)

_____

_____

_____

3.b. Dimensions of Psychological Integration

Degree of interaction between handicapped and non-handicapped children

Degree of interaction between handicapped children and teacher

The nature of interaction (i.e., positive and negative) between handicapped and non-handicapped children

The nature of interaction (i.e., positive and negative) between handicapped children and teacher

Direction of interaction between handicapped children and non-handicapped children/teacher

3. c. Did these techniques appear to have any noticeable effects?

Yes

No

Describe:

_____

_____

_____

_____

Did these techniques achieve their short-term desired results?

Yes

No

Describe:

_____

_____

_____

_____

4. Case Study Children

a. With respect to the case study children observed, were they physically integrated into the classroom?

Yes

No

Describe:

_____

_____

_____

_____

_____

4. b. Were the individual special needs of these children properly cared for?

Yes

No

Describe:

_____

_____

_____

_____

_____

c. Did the children relate well with their peers?

Yes

No

Describe:

_____

_____

_____

_____

_____

d. Did these children relate well with the teachers?

Yes

No

Describe:

_____

_____

_____

_____

_____